

Field House Surgery

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Field House Surgery on 6 January 2016. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment, Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

On 21 September 2016 we undertook a unannounced follow up inspection to check that they had followed their plan and to confirm that they now met legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Field House Surgery on our website at www.cqc.org.uk.

At this inspection we found that the practice had satisfied the requirements of the notices in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment, Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance. However there continued to be issues in relation to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

Specifically we found that:

- There were systems in place for reporting and recording significant events and staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and managed, including those relating to the management of medicines. However there continued to be issues in relation to the deployment of sufficient staff.
- Staff assessed patients' needs and delivered care. However there was limited documented evidence that

Summary of findings

a formal process was in place to review and assess clinical guidance when it was issued. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The majority of patients said they were treated with compassion, dignity and respect.
- Patient feedback showed that patients did not always feel satisfied with how they could access care and treatment.
- Patients reported that access to a named GP and continuity of care was not always available, although urgent appointments were usually available the same day.
- Information about services and how to complain was available and easy to understand.
- 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 in the practice. However staff said they did not always feel supported by the management team at the provider's head office.
- 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.
- The practice had a number of policies and procedures to govern activity and systems to monitor quality improvement.

However there was an area of practice where the provider must make improvements;

- Ensure that appropriate levels of staffing are maintained at all times.

There were areas of practice where the provider should make improvements;

- Follow their policy and national guidance to track blank prescriptions forms through the practice.
- Prioritise attendance at relevant infection prevention and control (IPC) training for the health care assistant IPC lead.
- Implement a system to ensure patients' treatment was reviewed and updated if necessary following the issuing of updated clinical guidelines.
- Implement a process so patient records are summarised in a timely manner.
- Develop a home visit protocol.

The overall rating awarded to the practice following our full comprehensive inspection on 6 January 2016 remains unchanged. The practice will be re-inspected in relation to their rating in 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 requires improvement for providing safe services as there are areas where improvements should be made.

- There was an effective system in place for reporting, recording and investigating significant events and incidents.
- Lessons learned were shared with staff involved in 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.
- Risks to patients were assessed and managed with the exception of those relating to the deployment of staff. Appropriate levels of staff were not always maintained to enable letters, investigation results and blood results to be reviewed in a timely manner so appropriate action could be taken.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were below the local CCG and national average in 10 of the 14 areas reviewed.
- Staff assessed patients' needs and delivered care. However there was limited documented evidence that a formal process was in place to review and assess clinical guidance when it was issued. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Clinical audits demonstrated quality improvement. However audits were not being prioritised as the provider was focusing on the delivery of core services.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of one to one support for staff however appraisals had not been undertaken.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice below the local CCG and national average for all but two aspects of care. For example;
 - 78% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
 - 74% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
 - 85% said the nurse was good at listening to them compared to the CCG average of 94% and national average of 91%.
 - 86% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
 - 84% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.
- Patients said they were treated with compassion, dignity and respect; however, not all felt cared for, supported and listened to.
- The practice has undergone significant change during the past two and a half years with the loss of its GP partners, salaried GPs and members of the nursing team. The Provider had been working to stabilise the clinical team at the practice and had employed new nursing team members. However the turnover of clinical staff was continuing to be a challenge for the provider.
- 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 patient confidentiality.
- The practice had launched an advice and support service for patients with health and social care issues.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services as there are areas where improvements should be made.

- The practice had reviewed the needs of its local population however the action plan it had put in place had not secured improvements for all of the areas identified.
- Feedback from patients reported that access to a named GP and continuity of care was not always available, although urgent appointments were usually available the same day.

Requires improvement



Summary of findings

- 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 requires improvement for being well-led as there are areas where improvements should be made.

- 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. A new business manager had started in August 2016 and was based in the practice five days a week. This provided more cover as the previous business manager had only spent one day at the practice most weeks. Staff felt supported by management at the practice.
- The provider leadership team were based in Leeds and were available for advice on the phone and came to the practice to support when required.
- There were regular meetings where governance issues were discussed. Not all staff groups were involved in meetings.
- The practice had a number of policies and procedures to govern activity. There was an overarching governance framework and systems to monitor quality improvement.
- 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.

Requires improvement



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 requires improvement for the care of older people. The provider was rated as requires improvement for safe, effective, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered personalised care to meet the needs of the older people in its population. Patients over the age of 75 did not have a named GP due to the use of locums in the practice.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data for 2015/2016 showed that outcomes were lower than the local CCG and England average for conditions commonly found in older people. For example, performance for heart failure related indicators was 70%, compared to the local CCG average of 97% and the England average of 95%.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safe, effective, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 2015/2016 showed that outcomes for patients with long term conditions were below the local CCG and England average. For example, the percentage of patients his was comparable to the local CCG average of 89% and the national average of 90%.
- Longer appointments and home visits were available when needed.
- Patients with long term conditions did not have a named GP due to the use of locums in the practice. They had a structured

Requires improvement



Summary of findings

annual review to check that their health and medicines needs were being met. For those people with the most complex needs, staff worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safe, effective, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- Nationally reported data from 2015/2016 showed immunisation rates were comparable to the local CCG and England national average for the standard childhood immunisations. For example, data from 2015/2016 showed rates for 17 of the 18 immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 72% to 99%. This was comparable the local CCG rates of 74% to 98% and the England national rates of 73% to 95%.
- Nationally reported data from 2015/2016 showed 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 48%. This was below the local CCG average of 76% and the England 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 2015/2016 showed the practice's uptake for the cervical screening programme was 88%; this was comparable to the local CCG average of 85% and the England average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw 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.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safe, effective, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe, effective, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe, effective, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- Nationally reported data from 2015/2016 showed the percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the preceding 12 months was 53%; this was below the local CCG average and England average of 84%.
- Nationally reported data from 2015/2016 showed the percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a record of blood pressure check in the preceding 12 months was 53%; this was below the local CCG average of 91% and the England average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff understood how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on the in July 2016 showed the practice was performing below the local CCG and national averages in all areas. There were 226 survey forms distributed for Field House Surgery and 114 forms were returned, a response rate of 50%. This represented 1.5% of the practice's patient list.

- 57% found it easy to get through to this surgery by phone compared with a CCG average of 68% and a national average of 73%.
- 74% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 57% described the overall experience of their GP surgery as fairly good or very good compared with a CCG average 86% and a national average of 85%.

- 37% said they would recommend the surgery to someone new to the area compared with a CCG average 81% and a national average of 78%.

We asked patients to complete questionnaires to tell us about their view about the service. During the inspection 16 questionnaires were completed by patients who used the service. Feedback from patients was mixed regarding appointments, for example; eight patients said they could get urgent same day appointments and make appointments with male and female GPs and seven said they couldn't. Fourteen of the 16 patients said they were treated with dignity and respect, the GP listened to them and explained treatment and medication.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that appropriate levels of staffing are maintained at all times.

Action the service **SHOULD** take to improve

- Follow their policy and national guidance to track blank prescriptions forms through the practice.
- Prioritise attendance at relevant infection prevention and control (IPC) training for the health care assistant IPC lead.

- Implement a system to ensure patients' treatment was reviewed and updated if necessary following the issuing of updated clinical guidelines.
- Implement a process so patient records are summarised in a timely manner.
- Develop a home visit protocol.

Field House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector and included a CQC Inspection Manager, a CQC Pharmacist Specialist and a GP Specialist Advisor.

Background to Field House Surgery

Field House Surgery, 18 Victoria Road, Bridlington YO15 2AT occupies an adapted property that is a listed building. It is close to the town centre, the train station and local bus routes. Parking is available outside the practice and there is disabled access. It provides services under a General Medical Services (GMS) contract with the NHS North Yorkshire and Humber Area Team to the practice population of 7558, covering patients of all ages. There is a branch site in Flamborough however due to the shortage of GPs in the practice this is currently closed.

The proportion of the practice population in the 65 years and over age group is above the local CCG and England average. The practice population in the under 18 age group is slightly below the local CCG and England average. The practice scored two on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. The overall practice deprivation score is higher than the local CCG and England average. People living in more deprived areas tend to have a greater need for health services.

The practice has undergone significant change during the past two and a half years with the loss of its GP partner, salaried GPs and members of the nursing team. The Provider One Medicare Ltd has been delivering the service

at Fieldhouse Surgery since October 2014. One Medicare Ltd has, and continues to advertise for salaried GPs but has been unsuccessful in appointing any permanent GPs at the time of the inspection. This is reflective of the current difficulties being experienced in recruiting GPs to the local area. Since early 2015 GP provision has been provided by locums. There are two locum GPs working at the practice. Additional GP cover is provided remotely from the Provider's hub in Leeds and occasionally from other sites. This cover includes telephone triage, booked telephone appointments and reviews of pathology results and clinical tasks.

There are two Advanced Nurse Practitioners, one was had been working at the practice for one week and the other was due to leave the following week. There was also a locum Emergency Care Practitioner who was doing regular sessions at the practice. There are three practice nurses; one was new and undergoing induction and two health care assistants, one of whom was leaving the following week. There is a Business Manager and an office manager who both work full time. The practice has a team of secretarial, administration and reception staff. There was pharmacist support from the provider's hub site in Leeds and a second pharmacist who worked at the practice two days a week.

The practice is open between 8am to 6pm Monday to Friday. Appointments are available from 8.30am to 10.30am on a Monday and Friday and from 08.30 to 11.00am Tuesday, Wednesday and Thursday through the walk in clinics. Appointments are available from 3pm to 5pm daily. Between 10.30am and 3pm the phone is answered and any urgent requests are dealt with. The branch surgery at Flamborough which is located five miles from Bridlington is currently closed, this has been agreed with NHS England. If patients are unable to travel to Bridlington the practice undertakes home visits.

Detailed findings

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 NHS 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.

Why we carried out this inspection

We carried out a focused follow up inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was carried out to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to check if the practice had met the specifications of the Requirement Notices issued following the inspection on 6 January 2016.

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?

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 during the inspection. We carried out an unannounced visit on 21 September 2016. During our visit we:

- Spoke with a range of staff including the provider's Medical Director, an advanced nurse practitioner and the business manager. We also spoke with the office manager and administration and receptionist staff.
- Asked other non-clinical staff to complete a questionnaire which they handed to us on the day.
- Reviewed 16 questionnaires that patients completed during the inspection to share 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

When we previously inspected the practice we found that they were not doing all that was reasonably practicable to manage medicines safely. For example the patient specific directions in place for the health care assistants to follow when they were administering medicines did not comply with legal requirements. Checks done on medicines did not ensure they were in date and fit for use. In addition The practice policy and guidance for the issuing of repeat prescriptions and for the writing of controlled drug prescriptions and security of blank prescriptions was not being followed.

At this inspection we found:

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 business manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out an analysis and investigation of the incidents

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons learned were shared with staff at meetings, displayed in the staff room and the business manager produced a monthly newsletter which included a summary of incidents and complaints that had occurred, why they had happened and actions taken to prevent a recurrence. There was also a summary of any themes or trends, for example how many medicines related incidents or administration errors were occurring. Staff commented that if they had been involved in an incident they did not always feel involved in the investigation carried out.

People affected by significant incidents 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

- 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. The Advanced Nurse Practitioner (ANP) was the lead member of staff for safeguarding. There was process in place to ensure reports were provided where necessary for other agencies. Staff demonstrated they understood their responsibilities and staff told us they had received training relevant to their role. GPs and the ANP were trained to Safeguarding Level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the health care assistants (HCA) was the infection prevention and control (IPC) lead and they were supported by the lead nurse. The HCA still needed to attend additional IPC training that had been identified for this role. There was an infection control protocol in place and staff had received training. Infection control monitoring was undertaken and we saw evidence that action was taken to address any improvements identified as a result. Hand hygiene audits and an infection control audit had been carried out.
- We checked the arrangements for medicines management at the practice and found improvements had been made since the inspection on 6 January 2016.
- The practice had reviewed their procedures for repeat prescribing and we saw this had been amended in April 2016. Reception staff were no longer able to issue prescriptions past their review dates and clear procedures were in place to guide staff in the event of medicines reviews being required. The practice had employed a locum pharmacist to help review patients requiring medicines reviews. We checked prescriptions awaiting collection and found all were signed and were dated within the last eight weeks. Reception staff told us that regular checks were completed to ensure prescriptions were collected; if not, tasks were sent to the GP or pharmacist and entries made in patients' notes.

Are services safe?

- Nursing staff administered vaccines using patient group directions (PGDs). PGDs are written instructions which allow healthcare professionals to supply or administer a particular medicine in the absence of a written prescription. We checked the PGD folder for one nurse at the practice and found that all PGDs were in date, signed and correctly authorised. Healthcare assistants (HCAs) in the practice administered medicines using Patient Specific Directions (PSDs). PSDs are written instructions for a specific patient allowing a specified healthcare worker to supply or administer a medicine. The system for PSDs had been updated and an electronic system was in place for flu clinics which ensured prescriber signatures were obtained for each patient before the clinic. All other injections were administered using the paper based system; however signatures were sought before administration occurred.
- Medicines fridges in the practice were locked and access was restricted to authorised personnel. Procedures were in place to ensure temperatures were recorded daily and records showed they were within recommended ranges; however no temperature had been recorded for two dates in September for one fridge.
- As found on the previous inspection blank prescription forms were not stored securely in accordance with national guidance. The practice had implemented a system to store blank prescriptions forms securely and to track prescriptions through the practice. However records showed the practice were not recording sufficient detail as set out in their policy or in national guidance.
- We reviewed four personnel files for staff employed since April 2013 and found that appropriate recruitment checks had been undertaken prior to employment for these staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed however monitoring of the risks was not always 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 which identified local health and safety representatives. The practice had a fire risk assessment and a fire warden in place and fire drills had been carried out. 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 staffing groups to ensure that enough staff were on duty. However the practice continued to have difficulties maintaining adequate staffing levels for GPs and administration staff to minimise the risk of a backlog of correspondence and test results occurring.
- Staff we spoke with told us they provided cover for sickness and holidays and locums were engaged when required.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There was also a first aid kit and accident book available.
- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen, with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Procedures were now in place to ensure emergency medicines were checked regularly to ensure they were in date and fit for use. This was now part of the HCAs daily tasks.
- 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 had a process in place to receive updates, including National Institute for Health and Care Excellence (NICE) best practice guidelines. However implementation was not robust enough to ensure patients' treatment was reviewed and updated if necessary.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

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 2015/2016 showed the practice achieved 70% of the total number of points available compared to the local CCG average of 97% and national average of 95%. The practice had 12% exception reporting compared to the local CCG average of 11% and national average of 10%. (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). QOF results were significantly worse than CQC or national averages in ten of the 14 areas reviewed. Data from 2015/16 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 87%. This was comparable to the local CCG average of 90% and England average of 89%.
- The percentage of patients on the diabetes register, who had had an influenza immunisation in the period 1 August 2015 to 31 March 2016, was 97%. This was comparable to the local CCG average of 97% and England average of 95%.

- 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 48%. This was below the local CCG average of 76% and the England average of 75%.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had had a review, undertaken by a healthcare professional, including an assessment of breathlessness in the preceding 12 months was 66%. This was below the local CCG average of 89% and the England average of 90%.
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the preceding 12 months was 53%. This was below the local CCG and England average of 84%.

Clinical audits demonstrated quality improvement.

- There was evidence at the previous inspection that five clinical audits had been completed in the last two years, one of these was a completed audits where the improvements made were implemented and monitored. However audits were not being prioritised as the provider was focusing on the delivery of core services.

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 locums that covered such topics as safeguarding, fire safety, health and safety and confidentiality. There was a comprehensive induction pack for locum GPs which included policies, local procedures for arranging tests and making referrals and internal and external telephone numbers.
- 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.
- 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. However staff told us that

Are services effective?

(for example, treatment is effective)

sometimes training had been booked and then cancelled due to staff shortages. Due to the changes that had occurred in the practice formal appraisals for staff were overdue. However staff told us they had had one to one meetings with the business manager and were able to discuss any concerns, issues or training needs.

- 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 accessible to relevant staff through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

- The practice shared relevant information with other services in a timely way, for example when people were referred to other services.
- Staff worked together, and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.
- There was a backlog of paper clinical records waiting to be summarised and entered into patients' electronic records. There was a plan in place to address the backlog, one member of staff had been trained in summarising and they were going to be supported by a member of staff from the hub team to address this.

We saw evidence that multi-disciplinary team meetings took place and that care plans were 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 nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent had not been monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

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.
- Patients were signposted to local Health Trainers for smoking cessation advice and other health promotion interventions.

The practice had a comprehensive screening programme. QOF data from 2015/2016 showed the practice's uptake for the cervical screening programme was 88%; this was comparable to the local CCG average and 85% and above the national average of 81%. Nursing staff used easy read leaflets to assist patients with learning disabilities to understand the procedure. The practice sent written reminders to patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from 2015/2016 showed immunisation rates were comparable to the local CCG and England national average for the standard childhood immunisations. For example, data from 2015/2016 showed rates for 17 of the 18

Are services effective?

(for example, treatment is effective)

immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 72% to 99%. This was comparable the local CCG rates of 74% to 98% and the England national rates of 73% to 95%.

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

2015/2016 showed the percentage of patients aged 45 or over who had a record of blood pressure in the preceding five years was 90%; this was comparable to the local CCG and 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 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.

Results from the national GP patient survey published in July 2016 showed patients' satisfaction rates were comparable to or below the CCG and national average for consultations with GPs, nurses and for contact with the receptionists. For example:

- 78% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 78% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 74% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 87% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 87% said the nurse gave them enough time compared to the CCG average of 95% and national average of 92%.
- 85% said the nurse was good at listening to them compared to the CCG average of 94% and national average of 91%.
- 86% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.

- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 84% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

The percentage of patients in the GP patient survey that said the GP was poor or very poor at giving them enough time and listening to them was 7.1% and 8.1%, compared to the local CCG average of 2% and national average of 4%. The percentage of patients in the GP patient survey that said the nurse was poor or very poor at giving them enough time and listening to them was 3%, compared to the local CCG average of 1% and national average of 2%.

We asked patients to complete questionnaires to tell us about their view about the service. During the inspection 16 questionnaires were completed by patients who used the service. Fourteen of the 16 patients said they were treated with dignity and respect and the GP listened to them and ten said they had enough time during consultations.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey published in July 2016 showed patients were involved in planning and making decisions about their care and treatment. However the results were below the CCG and national averages, for example:

- 75% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 82% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 82% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.

The percentage of patients in the GP patient survey that said the GP was poor at explaining treatments and test results was 8%, compared to the local CCG percentage of

Are services caring?

2% and national percentage of 3%. The percentage of patients in the GP patient survey that said the nurse was poor at explaining treatments and test results was 3%, compared to the local CCG average of 1% and national average of 2%.

Patient feedback on the questionnaires we received showed that 12 of the 16 patients felt involved in their care and treatment and 14 said staff explained treatment and medication to them.

Staff told us that translation services were available for patients who did not have English as a first language. There was a notice in the reception area informing patients that translation services were available.

Patient and carer support to cope emotionally with care and treatment

There were posters in the waiting room about how to access a number of support groups and organisations and staff had information available in the consulting and treatment rooms to give to patients.

The practice's computer system alerted GPs and nurses if a patient was also a carer. The practice had launched an advice and support service in January 2016 for patients with health and social care issues. The service was available to the practice's patients and other people living in Bridlington. The 'Support and Advice Hub' service focussed on a particular patient group each month. For example in February 2016 the practice had invited all the patients who had been identified as at risk of diabetes to come to the practice to talk to health professionals and patients. Health Trainers, Dieticians and patients already diagnosed with diabetes were available for 'at risk' patients to talk to and obtain advice from.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice was working with the CCG and the NHS England area team to review and monitor issues in the practice and an action plan had been developed to identify what the practice needed to do to ensure the service met patients' needs.

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.
- The practice provided walk in clinics each morning for all patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available. There was no hearing loop available for patients who had hearing difficulties. Reception staff told us they would take patients to a private area to talk to them if they had a hearing problem.

Access to the service

The practice was open between 8am to 6pm Monday to Friday. Appointments were available from 8.30am to 11am Monday to Friday through the walk in clinics and 3pm to 5.30pm daily. Between 11am and 3pm the phone was answered and any urgent requests were dealt with. The practice, along with all 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.

Pre-bookable appointments were difficult to accommodate as the practice did not always know more than a few days in advance what locum cover was going to be available. Urgent appointments were available for people that needed them. If patients needed to be seen urgently they would be fitted in that day and staff explained they may have a wait until the GP or nurse practitioner could see them. If no appointments were available a telephone call back would be arranged. Feedback from patients was mixed regarding appointments, for example; eight patients said they could get urgent same day appointments and seven said they couldn't.

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

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 57% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 51% patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.

The two weeks before our inspection the practice did not provide the minimum number of face to face appointments as recommended by the Royal College of GPs (RCGP). The RCGP recommended number of appointments for the practice list size would be 595 appointments per week and the practice was able to provide 296 one week and 327 the other. The practice was also able to offer 52 and 50 telephone appointments respectively on each of these weeks. The practice was aware of this issue with appointments and was continuing to monitor and review its appointment system regularly. Feedback from patients said they could not see the same GP due to the number of locum GPs working at the practice. The practice had been trying to recruit permanent GPs but had been unsuccessful.

There was no written procedure for dealing with patients requests for a home visit. However staff described the system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Are services responsive to people's needs?

(for example, to feedback?)

When patients requested a home visit the details of their symptoms were recorded and then assessed by a GP. If necessary the GP would call the patient back to gather further information so an informed decision could be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. We observed a request for a home visit being taken by a member of the reception team and then being passed to a GP, the patient was visited at lunchtime.

There was a triage protocol which guided staff with regard to how soon their appointment should be based on their symptoms and age. For example, all unwell children under 1 years of age attended the walk in clinic and were marked a priority. If it was outside the walk in clinic times an emergency appointment was given for that day. If the appointment was more than two hours away then a GP telephoned the parent to assess the urgency.

Listening and learning from concerns and complaints

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

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

We looked at three complaints received in the past nine months and found these were 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.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following one complaint we saw that the procedure was updated.

Are services well-led?

Requires improvement 

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

Our findings

When we previously inspected the practice we found that they had not always assessed, monitored and improved the quality and safety of services provided; the registered provider had not ensured that their audit and governance systems were effective.

At this inspection we found:

Vision and strategy

The practice had a clear vision and values which would support them to deliver high quality care and promote good outcomes for patients.

- These were displayed on the Provider's website, on the intranet which was accessible by all staff and in the practice for patients and staff to see. Staff we spoke with understood the principles of the vision and values.
- The aims and objectives outlining how the practice would deliver their vision and values were outlined in their statement of purpose.

The provider's leadership team told us they were focused upon ensuring they could engage long term locums to work at the practice. This would support patients having some continuity of care. They were ensuring the practice listened to the views and feedback of patients.

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 available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and identify improvements required.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

At the previous inspection in January 2016 we found that;

- The practice had systems and processes in place to monitor the quality of the service however they were not being used consistently and effectively to identify where improvements were required. There was no evidence that the practice improvement plan was reviewed regularly, some issues and actions that had been identified on the plan did not have details of who was responsible for completing the actions or a date when they should be completed by. At the inspection we found the practice improvement plan now included all the relevant information and was been monitored monthly in conjunction with the local CCG and NHS England.
- The practice had an annual audit plan however we found no evidence that audits planned had been undertaken as planned. At this inspection we saw that audits had been undertaken in accordance with the annual plan.
- Issues with the checking of letters, blood results and investigations had been identified and investigated but were still occurring and there continued to be a backlog of tasks waiting to be actioned.

Leadership, openness and transparency

A new business manager had started in January 2016 and initially had responsibility for Field House Surgery and one other site. From August 2016 they became responsible for Field House Surgery only and were then based in the practice five days a week. This provided more cover as the previous business manager had only spent one day at the practice most weeks. The provider leadership team were based in Leeds and were available for advice on the phone and came to the practice to support the business manager when required.

The provider was aware of and complied with the requirements of the Duty of Candour. The practice 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 received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.

Are services well-led?

Requires improvement 

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

- They kept records of written correspondence and all verbal communication.

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

- Some staff told us that regular team meetings were held but this did not happen for all staff groups. No whole staff team meetings had been held.
- Staff told us that they had the opportunity to raise any issues at team meetings, with the business manager and through the incident reporting system.
- Staff said they felt respected, valued and supported by the business manager. Staff told us that they worked well together as individual teams and supported each other. The business manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff said communication between them and the Provider leadership team could be improved and they did not always feel supported by the management team at the provider's head office.

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 practice had gathered feedback from patients through the (PPG) and through surveys and complaints received.

- There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice had also gathered feedback from staff, generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person did not do all that was reasonably practicable in ensuring appropriate levels of staff were deployed to make sure they could deal with letters, blood results and investigations in a timely manner and meet people's care and treatment needs. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	