

# The Marshes (also known as The Snaith & Rawcliffe Medical Group)

## 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?

Outstanding 

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 The Marshes (also known as The Snaith & Rawcliffe Medical Group) on the 3 & 4 August 2016. We visited the main surgery in Snaith and the branch surgery at Rawcliffe during the inspection. The practice is rated as good.

Our key findings across all the areas we inspected were as follows;

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were able to get same day appointments and pre bookable appointments were available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had a very active Patient Liaison Group which worked with the practice to make improvements.

We saw several areas of outstanding practice:

- The practice worked closely with a local voluntary driving service to enable their less mobile patients to

# Summary of findings

attend the practice to see the practice nurses and /or GPs. There were 126 patients registered to use the service and 426 journeys had been made to the practice in the past 12 months which saved more than one home visit per day.

- The practice had introduced a service where patients had been taught to administer their own injections for long acting contraception. If patients were interested in self-administering the nurse demonstrated how to give the injection. The patient was also given an information sheet and video for them to take home and review. At the next visit if the patient wanted to self-administer the nurse assessed the patient was safe to give their own injection. The nurse had supported 22 of the 72 patients using long action contraception to change to the self-administered method in the previous 12 months so they then only had to attend the practice once a year instead of four.
- The practice had a very active Patient Liaison Group PLG which worked with the practice to make improvements, for example; one of the PLG members had worked with a GP to review the number of attendances at the branch site and used the information to inform a decision about opening hours and PLG members were included on interview panels when the practice recruited new staff. At the suggestion of a PLG member the practice had held a 'Family Fun Day' in May 2015 for members of the

public. Practice staff diagnosed two patients with diabetes and seven patients with hypertension from opportunistically checking them whilst they visited the family fun day.

- The practice was involved in the 'Productive General Practice' programme, which encouraged staff to openly review the service and determine where they could improve. One area that staff had identified for improvement was to increase their collection of smoking data. A question was added to the appointment self-check in screen to collect smoking data. From April to November 2014, 2593 patients had had their smoking status recorded and 597 were given smoking cessation advice. From April 2015 to November 2015, 4653 patients had their smoking status recorded and 713 were given smoking cessation advice.

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

Importantly the provider should:

- Implement a near-miss record for the dispensary to identify trends and patterns in errors.
- Improve the arrangements in the dispensary for recording when balance checks for medicines have been carried out.

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

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

- There was a carer's register and information was available on the practice website and in the waiting room for carers on support services available for them.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care. Urgent appointments were available the same day.
- 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.

Outstanding



## Are services well-led?

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

- 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.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels. The practice participated in local research projects.
- The practice was involved in the 'Productive General Practice' programme, which encouraged staff to openly review the service and determine where they could improve.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over the age of 75 had a named GP.
- The practice did a 'safety net' search every month for patients over 85 who had not been seen at the practice for more than a year. The patients 'usual' doctor contacted them and invited them for a consultation. In the past 12 months 12 patients that hadn't been seen were contacted and five of these patients then made an appointment and came in to be seen.
- The practice had assessed the older patients most at risk of unplanned admissions and had developed care plans which were regularly reviewed.
- The practice was delivering a 'Care Home Scheme'. This ensured patients living in care homes had annual reviews by a Geriatrician and regular review of medication, clinical care and advanced care planning with the GPs and nurses. There was a named GP for individual care homes and they did weekly 'ward rounds' in conjunction with the care home staff and the district nurses.
- The practice worked closely with the local care homes and we saw evidence from two homes confirming that the practice provided very good support. They said that the practice provided excellent care and went above and beyond to assist staff with meeting the needs of residents with complex needs.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with a local voluntary driving service to enable their less mobile patients to attend the practice to see the practice nurses and /or GPs. There were 126 patients registered to use the service and 426 journeys had been made to the practice in the past 12 months which saved more than one home visit per day.
- Nationally reported data for 2015/2016 showed that outcomes were good for conditions commonly found in older people. For example, performance for heart failure indicators was 100%; this was 1.4% above the local CCG average and 1.9% above the England average.
- The practice was participating in the EASYcare Project. The practice was working with social care staff to undertake a needs

**Outstanding**



# Summary of findings

based assessment of all the practice patients over 75 years of age. Also 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.

## People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2015/2016 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 87%. This was comparable to the local CCG average of 90% and England average of 89%.
- The practice had a register of patients who were at high risk of diabetes, 700 patients had been identified as being at risk.
- Longer appointments and home visits were available when needed.
- Patients with LTCs had a named GP and a structured annual review to check that their health and medicines needs were being met. For those patients with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Practice nurses visited patients at home to do long term conditions reviews and administer flu vaccinations during the flu season.

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

Good





# Summary of findings

rates for immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 72% to 98% compared to 74% to 98% for the local CCG and 73% to 95% for the England national average.

- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- Nationally reported data from 2015/2016 showed the practice's uptake for the cervical screening programme was 84%. This was comparable to the local CCG average of 85% and the England average of 81%.
- The practice offered a range of sexual health services where patients could get advice and treatment, for example contraception. Information and testing kits for sexually transmitted diseases were available in the practice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses. The lead GP for safeguarding along with another GP met with the health visitor once a month to discuss any patients who were identified as at risk. 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 outstanding for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Family planning clinics, minor surgery and joint injections were provided at the practice so patients did not have to attend hospital to access these services.
- The practice had introduced a service where patients had been taught to administer their own injections for long acting contraception so they only had to attend the practice once a year instead of four. The nurses had supported 22 of the 72 patients using long action contraception to change to the self-administered method in the previous 12 months.

**Outstanding**



# Summary of findings

- The practice offered a range of sexual health services where patients could get advice and treatment. Information and testing kits for sexually transmitted diseases were available in the practice.
- 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.

## People whose circumstances may make them vulnerable

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

- The practice held registers of patients living in vulnerable circumstances which included those with a learning disability.
- The practice offered longer appointments for people with a learning disability. Learning disability health checks were undertaken annually and staff had completed specialised training in this area.
- The practice worked closely with a local care home for people living with a learning disability and we saw evidence from the home that they had an excellent relationship with the practice and were provided with very good support. They said staff at the practice had a thorough understanding of the extra requirements needed to care for their service users and the practice were more than happy to go out of their way to fulfil these.
- Nursing staff used easy read leaflets to assist patients with learning disabilities to understand their treatment.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Telephone interpretation services were available and information leaflets in different languages were provided when required.

Good



# Summary of findings

## People experiencing poor mental health (including people with dementia)

Good



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

- Nationally reported data from 2015/2016 showed 91% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was above the local CCG and England average of 84%.
- One of the health care assistants (HCA) had undergone training for Memory Assessment Checks. The HCA had completed 101 DEMTECT memory tests in the past 12 months and 15 patients were then referred to secondary care for further investigation. The practice continued to provide this service despite funding for it been withdrawn. The practice had also identified patients living in care homes that had dementia but had not previously been diagnosed with dementia.
- The practice carried out advanced care planning for patients with dementia. Staff had completed dementia training.
- Nationally reported data from 2015/2016 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 93%. This was comparable to the local CCG average of 88% 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

# Summary of findings

## What people who use the service say

The National GP patient survey results published in July 2016 showed 215 survey forms were distributed for The Marshes (also known as The Snaith & Rawcliffe Medical Group) and 121 forms were returned, a response rate of 56%. This represented 1% of the practice's patient list. The practice was performing similar to or above the CCG or national average for all of the 23 questions. For example:

- 88% found it easy to get through to this surgery by phone compared with the local CCG average of 68% and national average of 73%.
- 93% were able to get an appointment to see or speak to someone the last time they tried compared with the local CCG and national average of 85%.
- 65% usually get to see or speak to their preferred GP compared with the local CCG average of 61% and national average of 59%.
- 91% described the overall experience of their GP surgery as good compared with the local CCG average of 86% and national average of 85%.
- 87% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 81% and national average of 78%.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We received five completed comment cards which were very positive about the standard of care received. Patients said staff were polite and helpful and treated them with dignity and respect. Patients described the service as very good and said staff were friendly, caring, listened to them and provided advice and support when needed.

We spoke with two members of the patient liaison group (PLG) and received questionnaires that were completed during the inspection from 18 patients who used the service. They were also very positive about the care and treatment received and patients said they were able to get appointments when they needed them.

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

The Friends and Family Test (FFT) results from July 2015 to June 2016 showed 45 of 48 patients were extremely likely or likely to recommend the practice.

## Areas for improvement

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

- Implement a near-miss record for the dispensary to identify trends and patterns in errors.
- Improve the arrangements in the dispensary for recording when balance checks for medicines have been carried out.

## Outstanding practice

We saw several areas of outstanding practice:

- The practice worked closely with a local voluntary driving service to enable their less mobile patients to attend the practice to see the practice nurses and /or GPs. There were 126 patients registered to use the service and 426 journeys had been made to the practice in the past 12 months which saved more than one home visit per day.
- The practice had introduced a service where patients had been taught to administer their own injections for long acting contraception. If patients were interested in self-administering the nurse demonstrated how to give the injection. The patient was also given an information sheet and video for them to take home and review. At the next visit if the patient wanted to self-administer the nurse assessed the patient was

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safe to give their own injection. The nurse had supported 22 of the 72 patients using long action contraception to change to the self-administered method in the previous 12 months so they then only had to attend the practice once a year instead of four.

- The practice had a very active Patient Liaison Group (PLG) which worked with the practice to make improvements, for example; one of the PLG members had worked with a GP to review the number of attendances at the branch site and used the information to inform a decision about opening hours and PLG members were included on interview panels when the practice recruited new staff. At the suggestion of a PLG member the practice had held a 'Family Fun Day' in May 2015 for members of the

public. Practice staff diagnosed two patients with diabetes and seven patients with hypertension from opportunistically checking them whilst they visited the family fun day.

- The practice was involved in the 'Productive General Practice' programme, which encouraged staff to openly review the service and determine where they could improve. One area that staff had identified for improvement was to increase their collection of smoking data. A question was added to the appointment self-check in screen to collect smoking data. From April to November 2014, 2593 patients had had their smoking status recorded and 597 were given smoking cessation advice. From April 2015 to November 2015, 4653 patients had their smoking status recorded and 713 were given smoking cessation advice.

# The Marshes (also known as The Snaith & Rawcliffe Medical Group)

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Marshes (also known as The Snaith & Rawcliffe Medical Group)

The Marshes (also known as The Snaith & Rawcliffe Medical Group), The Marshes, Butt Lane Snaith Goole Humberside DN14 9DY is located in the village of Snaith. There is car parking available at the practice. The practice is in a purpose built building with disabled access and consulting and treatment rooms available on the ground and first floors; there is lift access to the first floor. There is one branch site, The Surgery, Station Road, Rawcliffe, Goole, DN14 8QR which is located in the village of Rawcliffe, 3.5 miles from Snaith. There is disabled access and all consulting and treatment rooms are on the ground floor. This site was also visited during the inspection.

The practice provides services under a Personal Medical Services (PMS) contract with the NHS North Yorkshire and Humber Area Team to the practice population of 10151, covering patients of all ages. The practice covers a large rural area of approximately 80 square miles. The practice is

a 'dispensing practice' and is able to dispense medicines for patients who live more than one mile from the nearest pharmacy. The practice dispenses medicines for 60% of its patients.

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

The practice has five GP partners and three salaried GPs, one is full time and five are part time. There are four female and four male GPs. There is one nurse practitioner, four practice nurses and two health care assistants. One works full time and six work part time, all are female. There is a practice manager, an assistant practice manager and a team of administrators, secretaries and receptionists. There are eight dispensers.

The Marshes Surgery in Snaith is open between 7.40am and 8.30pm on Monday, 8am to 6pm Tuesday and Thursday and 7.40am to 6pm Wednesday and Friday. Appointments are available from 7.45am to 11am and 1pm to 8.30pm on Monday, 8.10am to 11am and 1pm to 6pm on Tuesday and Thursday and 7.45am to 11am and 1pm to 6pm on Wednesday and Friday.

The Surgery, Station Road in Rawcliffe is open between 8.30am and 11am Monday to Thursday and 8.30am to 12pm on Friday. Appointments are available from 8am to 11am Monday to Friday.

# Detailed findings

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

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

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 teaching practice for medical students from the Hull York Medical School. The practice is also a training practice for GP registrars and student nurses. One of the GPs had been nominated for an Educational Supervisor award and two GP's had been nominated for an excellence in teaching award from the Hull York Medical School.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out an announced inspection to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed policies, procedures and other information the practice provided before and during the inspection. We carried out an announced visit on the 3 & 4 August 2016 and visited the Marshes surgery in Snaith and the branch surgery at Rawcliffe. During our visit we:

- Spoke with a range of staff including two GPs, one nurse practitioner, one practice nurse and a health care assistant. We also spoke with the practice manager, administration, secretarial, reception and dispensing staff.
- Reviewed questionnaires from non clinical staff that they completed and returned to CQC prior to the inspection.
- Spoke with two members of the patient liaison group (PLG) and received completed questionnaires from 18 patients who used the service.
- Reviewed five comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.



# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Patients affected by incidents received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and they were discussed at the practice meetings. Lessons were shared with individual staff involved in incidents to make sure action was taken to improve safety in the practice.
- Significant events were discussed at the monthly clinical meeting. The practice had undertaken an annual review of incidents that had occurred in 2015/2016 to identify any patterns and trends and to confirm that actions identified had been implemented. The practice was also encouraging staff to record evidence of good practice as they felt it was also important as a team to share good practice which could help maintain staff morale.

Following incidents action was taken to improve safety in the practice. For example, following a telephone request from a care home a new patient was prescribed the incorrect dose for a medicine. The practice policy was amended so that the practice now needed to receive written records of medication either from the patient's previous GP records or a hospital discharge letter before medicines were added to the record of all new care home patients. The practice apologised to the patient and all care homes were informed of the new policy.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Safety alerts were disseminated to staff and action taken documented.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding and along with another GP they met with the health visitor once a month to discuss any patients who were identified as at risk. 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 on the practice website. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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 nurses was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. Infection control monitoring was undertaken throughout the year. An infection control audit had been completed in June 2016 and the practice scored 90%. Action was taken to address any improvements identified.
- Arrangements for managing medicines were checked at the practice. Medicines were dispensed at the Rawcliffe and Snaith surgeries for people who did not live near a pharmacy, and this was appropriately managed. The practice dispensed medicines for 60% of its patients. Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the



## Are services safe?

dispensing process (these are written instructions about how to safely dispense medicines). There was a process in place to ensure repeat prescriptions were signed by a GP before being dispensed to patients and a barcode checking system was in place at both sites which provided additional dispensing accuracy assurances.

- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. There was a named GP responsible for the dispensary and we saw records showing all members of staff involved in the dispensing process had received appropriate training and ongoing assessments of their competency.
- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely with access restricted to authorised staff. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place SOPs that set out how they were managed. Controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. There were appropriate arrangements in place for record keeping, ordering, and destruction of controlled drugs; however staff did not make formal records when completing routine balance checks.
- Expired and unwanted medicines were disposed of according to waste regulations. There was a procedure in place to ensure dispensary stock was fit for use, and staff told us about procedures for monitoring prescriptions that had not been collected. There was a protocol in place for the management of repeat prescriptions, and we saw examples of how staff ensured prescriptions for high risk medicines were issued safely.
- Dispensary staff responded appropriately to national patient safety alerts and medicines recalls, and we saw records of the action taken in response to these. Dispensing errors were appropriately recorded and these were discussed at team and practice meetings to share learning and prevent reoccurrence, however staff did not keep a 'near-miss' record (a record of dispensing errors that have been identified before medicines have left the dispensary) to enable them to identify trends and patterns in errors.

- Patient group directions (PGDs) and patient specific directions (PSDs) had been adopted by the practice to allow nurses and health care assistants to administer certain medicines; for example vaccines and flu immunisations. (PGDs and PSDs are written instructions that have been produced in line with legal requirements and national guidance and contain specific criteria that nurses and HCAs must follow when administering certain medicines). However some of these had not been signed by an authorised person from the practice. The practice manager took steps to rectify this during our visit.
- Blank prescription forms were handled in accordance with national guidance; they were stored securely and a procedure was in place to track them through the practice.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were mainly 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 completed a fire risk assessment review in the last 12 months and carried out fire drills. Staff were aware of what action to take in the event of a fire.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for the different staff groups to ensure that enough staff were on duty. Staff told us they provided cover for sickness and holidays and locums were engaged when required.

# Are services safe?

## 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 kept oxygen and a defibrillator with adult pads for use in an emergency. At the Rawcliffe surgery there was a defibrillator outside the surgery building which was maintained by the local council. There were adequate supplies of emergency medicines and

equipment which were easily accessible to staff and were stored in a secure area of the practice. A system was in place to ensure these were fit for use, however staff did not always record when checks of emergency equipment were carried out.

- There was a first aid kit and accident book available.
- 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 2015/2016 showed the practice achieved 100% of the total number of points available compared to the local CCG average of 97% and national average of 95%. The practice had 8% 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). This practice was not an outlier for any QOF (or other national) clinical targets. 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 with asthma, who had had an asthma review in the preceding 12 months that included an assessment of asthma control, was 74%. This was comparable to 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 90%. This was comparable to the local CCG average of 89% and the national average of 90%.
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the preceding 12 months was 91%. This was above the local CCG and England average of 84%.

Clinical audits demonstrated quality improvement.

- There had been 13 clinical audits completed in the last two years, two of these were a completed audit cycle where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking and accreditation.

Findings were used by the practice to improve services. For example, an audit was done in September 2015 to check if patients were being prescribed a diuretic medicine to lower blood pressure in line with current guidance. The audit showed that 17 patients should be taking an alternative diuretic medicine. The practice placed alerts on the patients' records indicating their diuretic medication should be reviewed when they were seen next. An audit in April 2016 showed that the number of patients needing an alternative diuretic medicine had reduced to 11. The practice was taking action to review the remaining patients so that all would be taking a diuretic medicine in line with current guidance.

The practice worked with pharmacists from the local CCG medicines management team to ensure prescribing was cost effective and in accordance with best practice guidelines. The practice was a high achiever for prescribing indicators and had reduced its prescribing costs between March 2016 and October 2016 by over 5.5% compared to the same period the previous year. For example the practice was a low prescriber of antibiotics which minimised the risks of antibiotic resistance inpatients and therefore maximised the potential for antibiotic efficacy

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Nursing staff had completed training in diabetes, asthma and respiratory disease. Staff told us that they were given opportunities to attend training if needed. For example a nurse practitioner had identified a need for musculo-skeletal conditions training and had commenced this training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during staff meetings, appraisals, peer supervision and support for the revalidation of the GPs and nurses.
- 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. Staff had completed mandatory training, for example; infection control, safeguarding and fire.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when people were referred to other services.

Staff worked together, and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place monthly and care plans were routinely reviewed and updated.

We saw that the practice had the lowest referral rates to hospitals and other services in the local CCG area. Patients would be seen by a GP and then referred internally to another GP in the practice who had a special interest for example, musculo-skeletal, gynaecology and dermatology. A decision would then be made regarding the need to refer. The practice was recognised by the local CCG as having low referral rates and the CCG recommended other practices visit The Marshes to see 'best practice'. The practice had offered guidance and advice and supported local practices who were high referrers in reviewing their referrals.

### Consent to care and treatment

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

### 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

# Are services effective?

## (for example, treatment is effective)

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 had a register of patients who were at high risk of diabetes and had identified 814 patients as being high risk. Of these 43 had gone on to develop diabetes in the last 12 months. When patients were diagnosed as being at high risk they had either a face to face or telephone review. Patients were then followed up opportunistically at medication reviews or chronic disease reviews where they would be given lifestyle advice and a repeat blood test was offered. Those who had not been seen in any 12 month period were then contacted (via a monthly search), regarding a repeat blood test and a review of the result with further lifestyle advice. In the last 12 months the practice had reviewed 756 of the 814 patients. All patients had been contacted and offered an appointment.
- 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 2015/2016 showed the practice's uptake for the cervical screening programme was 84%. This was comparable to the local CCG average of 85% and the England 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 childhood immunisation rates for 17 of the 18 vaccinations given were comparable to the local CCG and England national averages. For example, rates for immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 72% to 98% compared to 74% to 98% for the local CCG and 73% to 95% for the England 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. Nationally reported 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 England average of 91%. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients and they were treated with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them the opportunity to discuss their needs in private.
- Information on chaperones was displayed in the waiting area, consulting rooms and on the practice website. The chaperone policy was available on the website.
- We observed staff assisting patients, for example; one patient was given advice and support on how to apply for exemption from prescription charges.

Feedback from the five patient CQC comment cards we received was very positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect. We saw evidence that the practice had received a number of compliments from patients.

We spoke with two members of the patient liaison group (PLG) and received questionnaires that were completed during the inspection from 18 patients who used the service. They were also very positive about the care and treatment received and patients said they were able to get appointments when they needed them.

Results from the national GP patient survey published in July 2016 showed patients were very satisfied with how they were treated and that this was with compassion, dignity and respect. The practice results were above the local CCG and national average for six questions and similar to the local CCG and national average for three questions about how they were treated by the GPs, nurses and receptionists. For example:

- 96% said the last GP they saw was good at giving them enough time compared to the local CCG average of 90% and national average of 87%.
- 96% said the last GP they saw was good at listening to them compared to the local CCG average of 90% and national average of 89%.
- 93% said the last GP they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 87% and national average of 85%.
- 98% said they had confidence and trust in the last GP they saw or spoke to compared to the local CCG average of 96% and national average of 95%.
- 99% said the last nurse they saw or spoke to was good at giving them enough time compared to the local CCG average of 95% and national average of 92%.
- 99% said the last nurse they saw or spoke to was good at listening to them compared to the local CCG average of 94% and national average of 91%.
- 98% said the last nurse they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 93% and national average of 91%.
- 99% said they had confidence and trust in the last nurse they saw or spoke to compared to the local CCG average of 98% and national average of 97%.
- 85% said they found the receptionists at the practice helpful compared to the local CCG average of 87% and national average of 87%.

The percentage of patients in the GP patient survey that said the GP was poor or very poor at giving them enough time and listening to them was 2.3% or less; this was below the local CCG and national average of between 2.4% and 3.8%. 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 0%; this was below the local CCG average of 1% and national average of 2%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed



## Are services caring?

decision about the choice of treatment available to them. Patient feedback from the comment cards and questionnaires we received was also very positive and aligned with these views.

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above or similar to the local CCG and national average for questions about GPs and above the local CCG and national average for nurses. For example:

- 89% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 89% and national average of 86%.
- 89% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 84% and national average of 82%.
- 98% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 92% and national average of 90%.
- 94% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 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 2.7%, compared to the local CCG percentage of 2.1% and national percentage of 2.7%. The percentage of

patients in the GP patient survey that said the nurse was poor at explaining treatments and test results was 0%, compared to the local CCG average of 1% and national average of 1.8%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. There was no notice in the reception areas informing patients this service was available, the number of non English speaking patients in the practice was less than 0.1%.

### **Patient and carer support to cope emotionally with care and treatment**

There were links on the practice website to information about various support available for carers. There was also information available in the waiting room to direct carers to the various avenues of support available to them.

The practice had identified 162 patients as carers; this was 1.5% of the practice list. Staff sign posted carers to local services for support and advice. The practice's computer system alerted staff if a patient was also a carer.

Staff told us that if families had suffered bereavement the practice contacted them and would arrange a visit if requested. The staff also offered support and signposted the patient/family to bereavement support groups and other agencies if appropriate. There was information on bereavement services available in the surgeries and on the practice website.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.

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

- There were longer appointments available for people with a learning disability. Learning disability health checks were undertaken annually and staff had completed specialised training in this area. At the time of the inspection 31 patients had been identified as requiring health checks and 16 had been completed to date this year.
- 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.
- The practice worked closely with a local voluntary driving service to enable their less mobile patients to attend the practice to see the practice nurses and /or GPs. Patients would ring the practice when they needed to use the service and the practice then e-mailed the driver service to book it. There were 126 patients registered to use the service and 426 journeys had been made to the practice in the past 12 months which saved more than one home visit per day.
- The practice provided a delivery service for patients whose medicines were dispensed by the practice.
- Home visits were available for older patients, patients who had clinical needs which resulted in difficulty attending the practice and housebound patients. Practice nurses visited patients at home to do long term conditions reviews and administer flu vaccinations during the flu season. The practice had a register of their patients that were housebound that was used to ensure patients were seen regularly.
- Urgent access appointments were available for children and those with serious medical conditions.
- The GPs held joint six week mum and baby checks and immunisation clinics were held at the same time as the health visitor baby clinics, reducing the need for two appointments.
- Consulting and treatment rooms were accessible and there was an accessible toilet.
- There was a hearing loop at both surgeries for patients who had hearing problems.
- There was a facility on the practice website to translate the information into different languages.
- Patients were able to receive travel vaccinations available on the NHS and the practice was registered to provide 'Yellow Fever' vaccinations.
- Family planning clinics, minor surgery and joint injections were provided at the practice so patients did not have to attend hospital to access these services.
- The practice had introduced a service where patients had been taught to administer their own injections for long acting contraception. At the first appointment the nurse demonstrated how to give the injection and gave the patient an information sheet and video for them to take home and review. At the next visit the nurse then assessed that the patient was safe to give their own injection and then they only had to attend the practice once a year instead of four. The nurse had supported 22 of the 72 patients using long action contraception to change to the self-administered method in the previous 12 months.
- The practice was delivering the 'Care Home Scheme'. This ensured patients living in care homes had structured annual reviews by a Geriatrician and a quarterly review of medication, clinical care and advanced care planning by the GPs and nurses. The practice ran a quarterly 'Care Home Report' which ensured patient information and records were kept up to date. There was a named GP for individual care homes and they did weekly 'ward rounds' in conjunction with the care home staff and the district nurses. We saw evidence from two homes confirming that the practice provided very good support. They said that the practice provided excellent care and went above and beyond to assist staff with meeting the needs of residents with complex needs.
- One of the health care assistants (HCA) had undergone training for Memory Assessment Checks. The HCA had





# Are services responsive to people's needs?

## (for example, to feedback?)

completed 101 DEMTECT memory tests in the past 12 months and 15 patients were then referred to secondary care for further investigation. The practice continued to provide this service despite funding for it being withdrawn. The practice had also identified patients living in care homes that had dementia but had not previously been diagnosed with dementia.

- The practice was participating in the EASYcare Project. The practice 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 inform patients care plans. It would also help to shape future services in the area.
- The practice did a 'safety net' search every month for patients over 85 who had not been seen at the practice for more than a year. The patients 'usual' doctor contacted them and invited them for a consultation. In the past 12 months 12 patients that hadn't been seen were contacted and five of these patients then made an appointment and came in to be seen.
- The practice offered a range of sexual health services where patients could get advice and treatment, for example contraception. Information and testing kits for sexually transmitted diseases were available in the practice.

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

- 91% described the overall experience of their GP surgery as good compared to the local CCG average of 86% and national average of 85%.
- 87% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 81% and national average of 78%.

### Access to the service

The Marshes Surgery in Snaith was open between 7.40am and 8.30pm on Monday, 8am to 6pm Tuesday and Thursday and 7.40am to 6pm Wednesday and Friday.

Appointments were available from 7.45am to 11am and 1pm to 8.30pm on Monday, 8.10am to 11am and 1pm to 6pm on Tuesday and Thursday and 7.45am to 11am and 1pm to 6pm on Wednesday and Friday.

The Surgery, Station Road in Rawcliffe was open between 8.30am and 11am Monday to Thursday and 8.30am to 12pm on Friday. Appointments were available from 8am to 11am Monday to Friday.

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

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

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was very positive. Results were above the local CCG and national average, for three of the four questions the practice score was 10% or more above the local CCG and national average. This reflected the feedback we received on the day. For example:

- 86% of patients were satisfied with the practice's opening hours compared to the local CCG average of 74% and national average of 76%.
- 88% found it easy to get through to this surgery by phone compared to the local CCG average of 68% and national average of 73%.
- 88% of patients described their experience of making an appointment as good compared to the local CCG average of 72% and national average of 73%.
- 93% were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 85% and national average of 85%.

The practice had a system in place to assess:

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

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



# Are services responsive to people's needs?

(for example, to feedback?)

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.

## Listening and learning from concerns and complaints

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

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

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

We looked at three complaints that had been received since April 2015 and found the practice had dealt with them in a timely way and been open and transparent when reviewing them. For example, the letters for a patient were often being sent to the wrong address as the health authority (HA) kept informing the practice of an incorrect address. A new protocol was implemented so that when they were informed of a new address for patients by the HA the practice staff member responsible for making the changes contacted the patient to confirm the address was correct.

# 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 which was displayed in the waiting areas and on the practice website, staff knew and understood the values.
- The practice had a five year strategy and business development plan which reflected the vision and values, this was regularly monitored.

### 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. Six of the 21 policies reviewed during the inspection did not have a next review date on them.
- 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 systems in place for identifying, recording and managing risks, issues and implementing mitigating actions. Action plans did not always contain details of who was responsible for taking the required action, a date for completion and progress.

### Leadership and culture

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 had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- 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 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 and clinical meetings were held. We noted there was a full staff meeting held every three months.
- 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 the practice manager. They described the relationship between staff as excellent and said all staff worked well as a team. Feedback from staff showed they were proud to work at the practice. One staff member told us the practice had been very supportive when one of their family had been seriously ill.
- 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.
- The practice had introduced an 'Assistant Practice Manager' role to deal with the day to day running of the practice and enable the practice manager to work more strategically.
- GP leads had been identified for each clinical area, for example; mental health, diabetes and sexual health.
- The practice was actively involved in the local community. One of the GPs had given a talk on men's

# Are services well-led?

Good 

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

health issues to a local men's group in Snaith. The practice had agreed with a children's nursery in Rawcliffe that they could use some practice land to provide an outside play area.

- Nursing staff were given protected time to carry out administration work and duties related to lead roles, for example infection control and stock control.

## 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 Patient Liaison Group (PLG), surveys, suggestions and complaints received. The PLG was very active and worked with the practice to make improvements, for example; one of the PLG members had worked with a GP to review the number of attendances at the branch site and used the information to inform a decision about opening hours. Members were involved in the planning of extensions to the practice and the PLG provided feedback to inform the decision for the practice to change to a low cost local phone number. PLG members were included on interview panels when the practice recruited new staff.
- The PLG Chair had visited the local secondary school and members had also been involved in promoting the use of e mail communication for younger people to encourage their input into the practice PLG. One member of the PLG had been involved in helping other practices set up patient groups.
- The Patient Liaison Group (PLG) also managed the 'Care Fund'. The fund was made up by various means including patient donations; bequests; funds raised by the sale of books and jigsaws and the 'Family Fun Day' in 2015. At each PLG meeting the members of the PLG decide what to spend the money on, which is items that enhance patient care. For example, in the last 12 months this included installing a hearing loop for the practice, purchasing an ear examination and an ear irrigation machine. They had also purchased a nurse bag and equipment to enable the practice nurses to visit chronically ill and housebound patients in their own home.
- At the suggestion of a PLG member the practice had held a 'Family Fun Day' in May 2015 for members of the public. There were various stalls which were manned by practice staff and people from other organisations, for example; the breast screening service, local health trainers, police community support, the fire and rescue service and the local library. Practice staff had diagnosed two patients with diabetes and seven patients with hypertension from opportunistically checking them whilst they visited the family fun day. Other activities were provided including tombola, face painting and a popcorn machine and money raised was donated to the practice care fund. A PLG member was available to talk to patients about joining the PLG and gave out expressions of interest slips. The practice planned to hold a family fun day every two years.
- A regular newsletter was produced which gave patients information, for example, on any staff changes and times when the practice might be closing for bank holidays or training. Copies of the newsletters were available in the waiting areas and on the practice website.
- The practice had also gathered feedback from staff through staff surveys and 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. Two staff surveys had been undertaken in October 2014 and October 2015. Results showed there had been improvements in team working, internal communication and the environment.
- Staff told us they felt involved and engaged to improve how the practice was run. For example, following a request from nursing staff a small seating area had been provided for staff to use at lunchtime when the weather was fine.
- The practice was involved in the 'Productive General Practice' (PGP) programme, which encouraged staff to openly review the service and determine where they could improve. There had been lots of changes in the previous two years with a partner retiring, the long term absence of another partner, a new practice manager starting and changes to the management structure with the introduction of an assistant practice manager role. As part of the PGP programme staff surveys had been carried out in October 2014 and October 2015 and

# Are services well-led?

Good 

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

several areas were looked at. Survey results showed that satisfaction had remained the same in two areas and improved in five, these included internal communication, handling conflict, team working and work life balance.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and looked to improve outcomes for patients in the area. For example, the practice had put in a bid to commence e-consultations and was awaiting confirmation of whether this had been successful.

The practice was involved in the 'Productive General Practice' programme, which encouraged staff to openly

review the service and determine where they could improve. One area that staff had identified for improvement was to increase their collection of smoking data. A question was added to the appointment self-check in screen to collect smoking data throughout the year. Additional benefits were the practice had real time data collection; it improved the flow of data collection and the practice would use this to improve patient health and uptake of the smoking cessation service. Data showed that from April 2014 to November 2014, 2593 patients had had their smoking status recorded and 597 were given smoking cessation advice. From April 2015 to November 2015, 4653 patients had their smoking status recorded and 713 were given smoking cessation advice.