

# Dr George Malczewski

## 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?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8
Areas for improvement	8

### Detailed findings from this inspection

Our inspection team	9
Background to Dr George Malczewski	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	19

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Malczewski Surgery on 11 February 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to the effective use of medicines, audits of infection control and the use of prescription pads.
- Although some audits had been carried out, there was only limited evidence that the audits were driving improvement in performance to improve patient outcomes.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Some information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff felt supported by management.

The areas where the provider must make improvements are:

- Ensure that prescribing practices followed current best practice guidance for the effective use of medicines.

The areas where the provider should improvement are:

# Summary of findings

- To ensure that patients at the practice who were carers have their care and support needs identified and met.
- To ensure that all relevant staff have infection control training and regular infection control audits are undertaken.
- Introduce a system to monitor the use of prescription pads.
- To ensure that refresher and skill specific training is undertaken in a timely way to ensure that staff have up to date skills and knowledge.
- The practice should ensure that its governance framework encompassed all areas of the work of the practice.
- Findings from clinical audits must be used to improve patient outcomes
- Ensure that they have assurance that all equipment is fit for use.

**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. 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. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Examples of concerns found were: not having up to date infection control audits and training, limited action to ensure that prescribing practices followed current best practice guidance for the effective use of medicines and the lack of a system in place to monitor the use of prescription pads and the effectiveness of equipment.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits did not always demonstrate quality improvement. Overall staff had the skills, knowledge and experience to deliver effective care and treatment, however, there were isolated examples of refresher training that needed to be undertaken. 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 patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data from the National GP Patient Survey showed patients rated the practice in line with or 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. Some information for patients about the services available was accessible and easy to understand. However the practice should consider how to make a wider range of information for patients available in the reception area. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Practice staff reviewed the needs of its local population and

Good



# Summary of findings

engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However, as there was only one GP at the practice, who was male, patients did not have the choice of seeing a female GP if they wanted to. 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff.

## Are services well-led?

The practice is rated as good for being well-led. The practice had a vision which covered a number of different areas of the health care it provided to its patients including ensuring they delivered the enhanced services they were required to. Progress towards the vision was monitored. In some areas staff were unclear about their roles and responsibilities; however they felt supported by management. There were policies and procedures to govern activity however this governance framework did not cover all areas of the work of the practice, which could potentially lead to areas of risk to patient's not being identified and addressed. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits to those patients with enhanced needs. This included home visits by the practice nurse to administer influenza vaccinations. All patients over 75 were invited for an annual health check if they had not visited a nurse or GP in the past twelve months.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All of these patients had a named GP and a structured annual review to check that their health and medication needs were being met. The practice had put in place a recall system to ensure that patients requiring a review were not missed. For those people with the most complex needs, the named GP worked with relevant health and social care professionals.

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 may be at risk. Immunisation rates were high for all standard childhood immunisations. Children and young people were treated in an age-appropriate way and were recognised as individuals. The practice was in line with the national averages for cervical screening and for childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. There was joint working with midwives, health visitors and school nurses.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of

Good



# Summary of findings

care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs of this age group. The practice offered a meningitis vaccination programme for students.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered longer appointments for patients with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice informed 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.

Good



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 92% of patients diagnosed with dementia had had a face to face review of their care in the last twelve months. This was higher than the national average of 84%. The practice worked with multi-disciplinary teams in the management of people experiencing poor mental health, including those with dementia. The practice told patients experiencing poor mental health how to access support groups and voluntary organisations. Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with or above local and national averages. 266 survey forms were distributed and 106 were returned. This represented 5.3% of the practice's patient list.

- 99% found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 95% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81% and national average of 85%).
- 94% described the overall experience of their GP surgery as good (CCG average 83% and national average of 85%).
- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards. Overall these were positive about the standard of care received. Patients said they were treated with dignity and respect and that staff were professional, friendly and caring and that their needs were responded to and they received the care they needed.

We spoke with four patients during the inspection and two member of the Patient Participation Group (PPG). The comments we received from patients indicated that overall they were happy with the care they received and thought staff were approachable, committed and caring. There had been no recent information relating to the Friends and Family Test.

## Areas for improvement

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

- Ensure that prescribing practices followed current best practice guidance for the effective use of medicines.

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

- To ensure that patients at the practice who were carers have their care and support needs identified and met.
- To ensure that all relevant staff have infection control training and regular infection control audits are undertaken.

- Introduce a system to monitor the use of prescription pads.
- To ensure that refresher and skill specific training is undertaken in a timely way to ensure that staff have up to date skills and knowledge.
- The practice should ensure that its governance framework encompassed all areas of the work of the practice.
- Findings from clinical audits must be used to improve patient outcomes
- Ensure that they have assurance that all equipment is fit for use.



# Dr George Malczewski

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Dr George Malczewski

Dr Malczewski is in a purpose built surgery in the east of the city of Hull. It is part of the Longhill Health Care Centre. The building is shared with two other GP practices. Dr Malczewski's practice provides General Medical Services to approximately 2,000 patients living in the east of Hull.

The practice has one male GP. The practice has a practice nurse and a healthcare assistant. They are supported by a team of management, reception and administrative staff.

The practice has a higher than average proportion of its population who are classed as deprived. It also has a higher than average number of patients who are over 65.

The practice is open between 8am and 6.30pm. The practice provided appointments between 9.00am to 12.30pm and 2pm to 6pm on Monday, Wednesday and Thursday and between 8.30am to 12.30pm and 4pm and 6pm on a Tuesday and Friday. The practice, along with all other practices in the Hull CCG area have a contractual agreement for NHS 111 service to provide OOHs services from 6.30pm. This has been agreed with the NHS England area team.

The practice also offers enhanced services including childhood vaccination and immunisation scheme, influenza and pneumococcal immunisations, learning disabilities, patient participation, and rotavirus and shingles immunisations.

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit 11 February 2016. During our visit we spoke with the practice manager, the GP, nursing staff, administrative and reception staff and spoke with patients who used the service, including members of the Patient Participation Group. We observed how staff dealt with patients attending for appointments and how information received from patients ringing the practice was handled. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Detailed findings

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 were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager or GP of any incidents and an incident form was completed. Complaints received by the practice were recorded. The practice carried out an analysis of the significant events and they were discussed with all staff.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. An example included a patient who was referred to a psychiatrist and the wrong NHS number had been used. The error was identified and a referral for the correct patient was sent. Staff were reminded to ensure patient details were checked.

Safety was monitored using information from a range of sources, including the National Patient Safety Agency and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. When there were unintended or unexpected safety incidents, patients received support, truthful information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and had received training relevant to their role. The GP was 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. We were told that all staff acting as chaperones 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 GP was the infection control clinical lead, however not all staff were aware of this. There was an infection control protocol in place and some staff had received infection control training but the GP had not. The last annual infection control audit was undertaken in 2012. Whilst we observed the premises to be clean and tidy there was no systematic process in place to ensure that staff kept up to date and followed best practice. For example there had been no audits of hand washing techniques.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicines audits were undertaken by the local CCG pharmacy team and the GP had an overview of these.

The practice also received regular information from the CCG on how they were performing compared to other practices in the area for the effective use of medicines. Data for September to December 2015 showed the practice was performing poorly in a number of areas. This included the prescribing of proton pump inhibitors (these are drugs which help to reduce the production of gastric acids), where they were the lowest in the CCG area. Their prescribing rates for oxycodone (a pain management medicine) were also above the upper threshold expected by the CCG. The practice had taken no action to ensure their prescribing was in line with best practice guidelines for safe prescribing.

Prescription pads were securely stored; however, there were no systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

## Are services safe?

Risks to patients were assessed and well managed.

There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had a fire risk assessment and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella was undertaken by an accredited external contractor. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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 staffing groups to ensure that enough staff were on duty. Locum cover was provided when the GP was absent.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to 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. Staff received annual basic life support training and there were emergency medicines available. There was a defibrillator available on the premises, which was shared with other practices. There was oxygen with adult masks, however, there were no children's masks and the practice agreed to review this. A first aid kit and accident book were available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

### 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). Recently published results showed that the practice had achieved 95% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was similar to the national average across the range of indicators.
- The percentage of patients with hypertension having regular blood pressure tests was 91% which was similar to the national average of 84%.
- Performance for mental health related indicators was similar to the national average across the range of indicators.

Clinical audits were carried out, however these did not always demonstrate quality improvement. The practice provided details of two clinical audits completed in 2015. One of the audits was to identify whether all patients on the contraceptive pill had their blood pressure taken before repeat prescriptions were given. The initial audit identified four patients who had not had a blood pressure check. Changes were made and a re-audit was undertaken. However the data from the re-audit showed that clinical performance worsened as six patients had not had their blood pressure checked. However, the same changes were recommended again. So the findings from clinical audit were not used to by the practice to improve services.

### Effective staffing

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

The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, fire safety, health and safety and confidentiality.

The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. The majority of staff administering vaccinations were up to date with their training, however it was unclear at the time of our inspection whether all of the staff had up to date training. This was raised with the practice and they agreed to review training needs. Staff taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion with other clinical staff.

The learning needs of staff were identified through a system of appraisals, meetings and reviews. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. Staff had had an appraisal within the last 12 months.

Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However it was unclear at the time of our inspection whether all staff had up to date infection control training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, medical records and investigation and test results.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

# Are services effective?

(for example, treatment is effective)

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

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives and those with long-term conditions. Patients were then signposted to the relevant services.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and uptake of these screening programmes was in line with the CCG and national averages.

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

Flu vaccination rates for the over 65s and at risk groups were in line with national averages.

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. Appropriate follow-ups for 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 members of staff were courteous and helpful to patients and treated them 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; 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.

The majority of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. The comment cards highlighted that staff responded compassionately to patients when they needed help and provided support when required.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and that they were treated with kindness and compassion.

Results from the national GP patient survey, published in January 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was above national and CCG averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 91% said the GP gave them enough time (CCG average 85%, national average 89%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

- 100% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 96% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

### 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 decision about the choice of treatment available to them. Patient feedback on the comment cards we received and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 99% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language, although there was no information available on this in the reception area.

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

Notices behind and on the reception desk told patients how to access some support groups and organisations. As the reception area was shared with two other GP practices as well as a number of community services, including podiatry services and the local library there was limited space available to the practice to provide information to patients. The practice should consider how best to maximise the space available to ensure that patients have access to a wider range of information.



## Are services caring?

The practice did not have a carer's register. Written information was available in the treatment rooms to direct carers on the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP would contact them to provide advice on how to find a support services.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified. The practice worked with the local CCG to improve outcomes for patients in the area.

The practice also offered:

- Appointments up until 6pm for patients who could not attend during the day.
- Longer appointments for patients with a learning disability or complex health needs.
- Home visits for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Travel vaccinations.
- Disabled facilities including a hearing loop.

The practice only had one male GP and there was no process in place to provide access to a female GP if a patient wished to see one. We were told that this had never been requested and it was made clear to patients when they registered that appointments were only available with a male GP.

### Access to the service

The practice provided appointments between 9am to 12.30pm and 2pm to 6pm on Monday, Wednesday and Thursday and between 8.30am to 12.30pm and 4pm and 6pm on a Tuesday and Friday. The practice, along with all other practices in the Hull CCG area have a contractual agreement for NHS 111 service to provide OOHs services

from 6.30pm. Pre-bookable appointments could be booked up to eight weeks in advance and urgent appointments were available on the day for people that needed them.

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

- 92% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 99% of patients said they could get through easily to the surgery by phone (CCG average 68%, national average 73%).
- 84% of patients said they always or almost always see or speak to the GP they prefer (CCG average 53%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system, this included information in reception and on the website.

We looked at complaints received in the last 12 months and found that they were satisfactorily handled, dealt with in a timely, open and transparent way. Lessons were learnt from concerns and complaints and action was taken to improve the quality of care. For example improving communication with patients when choose and book appointments were cancelled or rearranged.

# 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 vision which covered a number of different areas of the health care it provided to its patients such as all patients over 75 having a named GP and to ensure that they delivered the enhanced services they were required to. Progress towards the vision was monitored.

### Governance arrangements

The practice had a number of policies and procedures to govern activity however this governance framework did not encompass all areas of the work of the practice. The areas where governance arrangements required further establishing included:

- Improving the system of continuous audit cycles to ensure that it demonstrated improvement in patients' care.
- Clarifying the role and responsibilities for infection control and ensuring audits took place.

### Leadership and culture

The GP in the practice had the experience, capacity and capability to run the practice and was aware of the requirements of the Duty of Candour. Staff told that there was an open and honest culture.

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular clinical and administrative team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. Staff were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the PPG and through surveys and complaints received. There was a PPG which the practice communicated with, and sought views and opinions from through email. Changes included allowing patients to ring for repeat prescriptions at any time.

The practice gathered feedback from staff through individual discussions, appraisals and staff meetings. 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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Care and treatment was not provided in a safe way for service users because:</b></p> <ul style="list-style-type: none"><li>• The provider did not have suitable arrangements in place to ensure that prescribing practices followed best practice guidelines</li><li>• Suitable arrange must be in place regarding the prevention and control of infection. Process must be in place to ensure that staff kept up to date and trained to followed best practice regarding the prevention and control of infection.</li></ul> <p><b>Regulation 12(1)(2)(f)(h)</b></p>