

Sutton Park Medical Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sutton Park Medical Practice on 21 June 2016. Overall 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 been trained to provide them with 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 found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Review the system for ensuring continued infection controls are completed in-line with current guidance.
- Review the system for clinical audits to include monitoring patient outcomes and full cycle reviews with the clinical team in the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally in-line with the 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 all staff.
- Staff worked with other health care professionals 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 better 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.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, maintained patient confidentiality and kept information secure.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good 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 (CCG) to secure improvements to services where these were identified. The practice worked with the CCG and the community professionals to identify their patients who were at high risk of attending accident and emergency or having an unplanned admission to hospital.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- 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.

Good



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.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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. There was an active patient participation group (PPG).

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

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.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were generally good. However, performance for diabetes related indicators was 78%, which was 10% worse than the local CCG average and 11% worse than the national average.
- 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 medicines needs were being met.

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. Immunisation rates were relatively high for all standard childhood immunisations.
- Nationally reported data from 2014/2015 showed patients diagnosed with asthma, on the register, who had had an asthma review in the last 12 months was 80%, which was 4% better than the local CCG average and 4% better than the national average.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 91%, which was 10% better than the local CCG average and 10% better than the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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).

Good



Summary of findings

- Nationally reported data from 2014/2015 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record, in the preceding 12 months was 100%. This was 12% better than the local CCG average and 12% better than the national average.
- Nationally reported data from 2014/2015 showed 83% of people diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was similar to the local CCG average and the national average
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local CCG and national averages. 264 survey forms were distributed and 108 were returned. This represented 8% of the practice's patient list. Results were in-line with or better than the local CCG and national averages, for example:

- 89% were able to get an appointment to see or speak to someone the last time they tried compared with the local CCG average of 80% and national average of 85%.
- 96% said the last appointment they got was convenient compared with the local CCG average of 92% and national average of 92%.
- 82% said the last GP they saw was good at explaining tests and treatments compared to the local CCG average of 83% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 77% and national average of 82%.

- 86% describe their experience of making an appointment as good compared to the local CCG average of 70% and national average of 73%.
- 75% usually wait 15 minutes or less after their appointment time to be seen compared to the local CCG average of 69% and national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received.

We reviewed six patient questionnaires handed out during the inspection and spoke with one patient participation group (PPG) member directly. All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients said staff were polite and helpful and treated them with dignity and respect. Patients described the service as excellent and very good and said the staff were friendly, caring and listened to them.

Five patients had completed the Friends and Family Test (FFT) during April and May 2016. Two were extremely likely to recommend the practice, one was likely and two were unlikely.

Areas for improvement

Action the service SHOULD take to improve

- Review the system for ensuring continued infection controls are completed in-line with current guidance.
- Review the system for clinical audits to include monitoring patient outcomes and full cycle reviews with the clinical team in the practice.

Sutton Park Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

Background to Sutton Park Medical Practice

Sutton Park Medical Practice is situated in the north of the City of Hull and provides services under a General Medical Services (GMS) contract with NHS England, Hull Area Team to the practice population of 1,327, covering patients of all ages.

The practice has two full time GP partners who are male and a practice nurse. There is a practice manager and three reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 10am and 4.30pm to 6pm daily. The practice offers extended appointments until 7.15pm on a Monday and closes at 1.30pm on a Thursday. The practice, along with all other practices in the Hull CCG area have a contractual agreement for NHS 111 service to provide Out of Hours (OOHs) services from 6.30pm. This has been agreed with the NHS England area team. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

The proportion of the practice population in the 01-14 years age group is significantly lower than the England average. The practice population in the 20-39 years age group for females is also lower than the England average. The proportion of the practice population in the 50-69

years age group is significantly higher than the England average. The practice scored five on the deprivation measurement scale, which is the fifth lowest deprived. People living in more deprived areas tend to have greater need for health services. The overall practice deprivation score is similar to the England average, the practice is 24.7 and the England average is 21.8.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 June 2016.

During our visit we:

- Spoke with a range of staff including one GP and one practice nurse. We also spoke with the practice manager and two questionnaires were completed by administration and reception staff.

Detailed findings

- Spoke with one patient who used the service and who was also a PPG member (Chair) and reviewed six patient questionnaires handed out during the inspection.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the Diabetic Eye Screening Programme (DESP) had completed a multi practice review of patients that had not been referred to the DESP. The practice identified that all patients diagnosed with diabetes in the future will also be automatically referred to the DESP.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures were accessible to all staff. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports

where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- Information telling patients that they could ask for a chaperone was visible in the reception area. Nursing staff and receptionist staff acted as chaperones and understood their responsibilities, including where to stand to be able to observe the examination. Nursing staff had received a disclosure and barring check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, reception staff had not completed a DBS check. The practice manager provided us with a risk assessment that identified that there was a low risk to receptionist staff conducting chaperone duties due to the nature and level of their involvement.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be generally clean and tidy. However, we saw that some children's toys in the reception area had not been regularly cleaned as part of the cleaning routine. Hot water facilities were not always available due to intermittent problems with the boiler. The practice did not have a cleaning schedule for medical equipment to ensure equipment used before and after use was clean and safe to use. We also saw that the nurse's treatment room did not have rolled edge flooring and gaps were visible which could increase the risk of cross infection. We spoke with the practice manager about this and they had arranged a third party full infection control audit on 10 August 2016. We have asked the service to provide us with the report and action plan.
- The practice nurse was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. Infection control monitoring was undertaken throughout the year and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had a fire risk assessment and a fire warden in place. Staff we spoke with were able to describe the action they would take in the event of a 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 all the different staffing groups to ensure that enough staff were on duty. Staff we spoke with told us they provided cover for sickness and holidays and further locums were engaged when required.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks
- A first aid kit and accident book was 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 stored securely.
- 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 from the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Results from 2014/2015 showed the practice achieved 89.1% of the total number of points available, with 8.2% exception reporting. This was in-line with local CCG and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Lower exception reporting rates are more positive. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 78%, which was 10% lower than the local CCG average and 11% lower than the national average. The practice had undertaken further reviews of new diabetes cases to address the low figure on this data. Prevalence had increased from 50 patients in 2014 to 84 in 2016 which had increased the performance figure to 80%.
- Performance for mental health related indicators was 88% which was in-line with the local CCG of 91% and national average of 92%.
- 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 81%. This was 9% lower than the local CCG average and 9% lower than the national average. The practice had undertaken new work streams to address the low figure on this data and the current achievement was 96%.

- The percentage of patients with asthma who had had an asthma review in the preceding 12 months was 80%, which was 4% better than the local CCG average and 4% better than the national average.

Clinical audits demonstrated quality improvement.

- We saw records to demonstrate that there had been clinical audits completed in the last two years, and these were completed audits. However, the audits did not identify improvements to be implemented to improve the outcome for patients. Complete two cycle audits had not been completed. Two cycle audits are repeat audits that check previous findings to enable the practice to make further improvements in best practice to patient's health outcomes.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review.
- Clinical audit findings were not used by the practice to improve services. For example, an audit was undertaken to monitor patients on a particular medication dosage for an eight week period. Changes in medication was altered as a result of this.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff and contracted locums that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. However, staff meetings did not take place on a regular basis. Staff had access to

Are services effective?

(for example, treatment is effective)

appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together, and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

Consent to care and treatment

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

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol and substance misuse cessation and those with mental health problems. Patients were then signposted to the relevant service.
- A drug and alcohol service was available by appointment and smoking cessation advice was available from a local support group.

The practice had a comprehensive screening programme. QOF data from 2014/2015 showed the practice's uptake for the cervical screening programme was 91%, which was 10% better than the local CCG average and 10% better than the national average. There was also a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from 2014/2015 showed childhood immunisation rates for the vaccinations given were relatively high and were comparable to the local CCG and national averages for children aged 12 months, two and five years. For example, childhood immunisation rates for the vaccinations given to under two year olds was 100% and for five year olds was 56%. The data included within these performance measures were extremely low at eight and nine patients respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. QOF data from 2014/2015 showed the percentage of patients aged 45 or over who had a record of blood pressure testing in the preceding five years was 91%. This was similar to the local CCG average and the national average. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We reviewed six patient questionnaires handed out during the inspection and spoke with one patient directly who was also a PPG member. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Staff responded compassionately when they needed help and provided support when required. Patients also said they felt the practice offered an excellent service and staff were helpful and caring. Patients did not complete CQC comments cards however comments were noted on the questionnaires. Staff were described as compassionate, kind, excellent, caring, understanding, friendly and sensitive.

Results from the national GP patient survey published in July 2016 showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice results were in-line with the local CCG and national average for questions about consultations with GPs and in-line with the local CCG and national average for consultations with nurses. For example:

- 88% said the GP gave them enough time compared to the local CCG average of 84% and national average of 87%.
- 86% said the GP was good at listening to them compared to the local CCG average of 85% and national average of 89%.

- 85% said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 83% and national average of 85%.
- 93% said they had confidence and trust in the last GP they saw compared to the local CCG average of 94% and national average of 95%.
- 94% said the nurse gave them enough time compared to the local CCG average of 93% and national average of 92%.
- 95% said the nurse was good at listening to them compared to the local CCG average of 91% and national average of 91%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 91% and national average of 91%.
- 99% said they had confidence and trust in the last nurse they saw compared to the local CCG average of 98% and national average of 97%.
- 95% patients said they found the receptionists at the practice helpful compared to the local CCG average of 85% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the questionnaires we received was also 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. The results were better than or similar to the local CCG and national averages for consultations with GPs and nurses, for example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the local CCG average of 83% and national average of 86%.

Are services caring?

- 81% said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 77% and national average of 82%.
- 94% said the last nurse they saw was good at explaining tests and treatments compared to the local CCG average of 91% and national average of 90%.
- 89% said the last nurse they saw was good at involving them in decisions about their care compared to the local CCG average of 87% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language and there was the facility to translate information on the practice website into other languages.

Patient and carer support to cope emotionally with care and treatment

There was information available in the waiting room for patients about how to access a number of support groups and organisations. Discussions with staff and feedback from patients demonstrated staff were inspired to offer care that was kind, caring and supportive and that met the needs of the population.

The practice had a carer's register in place. The practice had identified 1.3% of its patient list as carers for patients. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Staff had attended funerals of patients that had passed away to support direct family members and their relatives.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

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

- The practice offered specific alcohol and smoking cessation counselling for patients.
- There were longer appointments available for people with a learning disability.
- Appointments could be made on line, via the telephone and in person.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 10am and 4.30pm to 6pm daily. The practice offered extended appointments until 7.15pm on a Monday and closed at 1.30pm on a Thursday. The practice, along with all other

practices in the Hull CCG area had a contractual agreement for NHS 111 service to provide Out of Hours (OOHs) services from 6.30pm. However some patients told us that appointments do not always run on time.

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

- 80% of patients were satisfied with the practice's opening hours compared to the local CCG average of 77% and national average of 76%.
- 93% of patients said they could get through easily to the surgery by phone compared to the local CCG average of 67% and national average of 73%.
- 86% of patients described their experience of making an appointment as good compared to the local CCG average of 70% and national average of 73%.

Listening and learning from concerns and complaints

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

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

The practice had not received any complaints in the last 12 months however, they had a process to deal with complaints in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement however; reception staff were unclear of its values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a programme of clinical and internal audit which was used to monitor quality and to make improvements. However; clinical audits were not full cycle audits and although we saw that the practice had a good proforma to complete future audits, they were influenced by the CCG and QOF results rather than internal significant events or health related issues.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unintended or unexpected safety incidents:

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

There was a leadership structure in place and staff felt supported by management. Regular team meetings did not take place for all staff however,

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients received. The practice had a Patient Participation Group (PPG) which consisted of five full time members and they met every three months.
- The practice had gathered feedback from staff through appraisals and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.