

St Andrews Surgery

Quality Report

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

Ratings

Overall rating for this service	Requires improvement 
Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Requires improvement 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Andrews Surgery on 10 January 2017. Overall the practice is rated as requires improvement.

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.
- Some risks to patients were not always assessed and well managed.
- Staff assessed patients' needs and delivered care. However, there was limited documented evidence that a formal process was in place to review and assess clinical guidance when it was issued. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- Some patients said they found it difficult to make an appointment and with a named GP. Urgent appointments were available the same day using an on-call duty doctor system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure an overarching governance framework which supports the delivery of good quality care is put in place and to ensure risks and issues are always identified and dealt with appropriately or in a timely way.

The areas where the provider should make improvements are:

Summary of findings

- Implement a system to ensure patients' treatment was reviewed and updated if necessary following the issuing of updated clinical guidelines.
- Implement a process so patient records are summarised in a timely manner.
- Put systems in place for identifying and completion of appraisals for all staff in order for them to carry out their duties effectively and safely.
- Implement a process so all staff are aware of the procedures regarding safeguarding within the practice, including who is the lead for safeguarding within the practice.
- Implement systems to ensure infection control actions are completed and monitored in a timely manner.
- Ensure arrangements are in place for business and succession planning including a mission statement and practice values.
- Develop a business continuity plan to ensure continued provision of services in the event of unforeseen emergencies.
- Implement a system to conduct an analysis of all complaints to assess the trends and impact on patients and the service.
- Implement a system to ensure new starters joining the service undertake a role specific formal induction to ensure staff carry out their duties effectively and safely.

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.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had some systems, and processes in place to keep people safe and safeguarded from abuse. However, staff were unclear who the safeguarding lead was. GPs were trained to safeguarding level 3.
- Some risks to patients were not always assessed and well managed.

Requires improvement



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 significantly worse compared to the local and national average.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was no 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 significantly worse 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.
- There was limited documented evidence that a formal process was in place to review and assess clinical guidance when it was issued.
- Patients said they found it difficult to make an appointment and with a named GP. There were 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 not always analysed and shared with staff and other stakeholders in order for shared learning and improvement to take place.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The current management team had been in place for 12 months. The practice did not have a clear vision and strategy in place to enable them to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure however; staff did not feel fully supported by management.
- The practice had a number of policies and procedures to govern activity and held regular meetings.
- The practice had some overarching governance frameworks which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had not fully implemented systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was followed up.
- The practice sought feedback from staff and patients, which it usually acted on. There was an active patient participation group (PPG).

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered 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 (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 worse. For example, performance for chronic obstructive pulmonary disease (COPD) related indicators was 77%, compared to the CCG average of 81% and the national average of 95%.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Nationally reported data from 2015/2016 showed patients diagnosed with asthma, on the register, who had had an asthma review in the last 12 months was 54%, which was significantly worse than both the local CCG average of 76% and the national average of 76%.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. We did not see evidence to confirm this.
- Nationally reported data from 2015/2016 showed the practice's uptake for the cervical screening programme was 90%, which was worse than the local CCG average 97% and similar to the national average of 97%.
- 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 offered 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 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 39%. This was significantly worse than both the local CCG average of 84% and the national average of 89%.
- Nationally reported data from 2015/2016 showed 52% of people diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was significantly worse than both the local CCG average of 82% and the national average of 84%..
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff 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. Some results showed the practice was performing significantly worse with local CCG and national averages. 316 survey forms were distributed and 106 were returned. This represented 1% of the practice's patient list. Results were similar to or worse than the local CCG and national averages, for example:

- 88% said the last appointment they got was convenient compared with the local CCG average of 92% and national average of 92%.
 - 85% 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%.
 - 60% describe their experience of making an appointment as good compared to the local CCG average of 70% and national average of 73%.
 - 53% 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%.
- 66% 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%.

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

We spoke with eight patients directly, and two PPG members on the telephone following our inspection visit. All 10 patients said they were generally 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 also described the appointment system as frustrating and found it difficult getting an appointment when they needed one.

The practice had opted to discontinue using the manual Friends and Family Test (FFT) survey and had instead implemented an electronic patient experience. This system was recently implemented during December 2016 and 24 patients had completed the questionnaire. The results showed that 54% said they would recommend the practice, 4% did not know and 42% said they would not recommend the practice.

Areas for improvement

Action the service MUST take to improve

- Ensure an overarching governance framework which supports the delivery of good quality care is put in place and to ensure risks and issues are always identified and dealt with appropriately or in a timely way.

Action the service SHOULD take to improve

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

- Put systems in place for identifying and completion of appraisals for all staff in order for them to carry out their duties effectively and safely.
- Implement a process so all staff are aware of the procedures regarding safeguarding within the practice, including who is the lead for safeguarding within the practice.
- Implement systems to ensure infection control actions are completed and monitored in a timely manner.
- Ensure arrangements are in place for business and succession planning including a mission statement and practice values.

Summary of findings

- Develop a business continuity plan to ensure continued provision of services in the event of unforeseen emergencies.
- Implement a system to conduct an analysis of all complaints to assess the trends and impact on patients and the service.
- Implement a system to ensure new starters joining the service undertake a role specific formal induction to ensure staff carry out their duties effectively and safely.

St Andrews Surgery

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 and a second CQC Inspector.

Background to St Andrews Surgery

The St Andrews Surgery, Hessle Road, Hull, HU3 4BB is situated to the west of the City of Hull within the Elliot Chappell Health Centre. There is one other branch site located at the Newington Health Centre to the west of the City of Hull. We did not visit this branch as part of our inspection visit. The practice provides services under a Personal Medical Services (PMS) contract with NHS England, Hull Area Team. The practice list size of 10,609 is predominantly white British background and 9% are non English speaking patients. The practice is a training practice.

The practice has four full time GP partners one of who is male and three are female, two nurse practitioners and two practice nurses. There are two health care assistants, a practice manager and a team of secretarial, administration and reception staff.

The main practice and Newington Health Centre branch is open between 8am and 6.30pm Monday to Friday. GP appointment times are from 9am to 12pm and 1.30pm to 6pm. An on-call GP provides telephone appointments from 9am to 6.30pm. Nursing and Health Care Assistant appointments are from 8am to 12.30pm and 1.30pm to 5pm. The practice offers two Saturday morning clinics each month.

The proportion of the practice population in the 01-04 years age group is higher than the England average. The practice population in the 20-29 years age group is also higher than the England average. The practice scored one on the deprivation measurement scale, which is the most deprived, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have greater need for health services. The overall practice deprivation score is worse than the England average, the practice is 49.4 and the England average is 21.8.

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 to 8am. This has been agreed with the NHS England area team. When the practice is closed, patients use the 111 service to contact the OOHs provider. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

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.

Detailed findings

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 10 January 2017. We did not visit the branch site at Newington Health Centre as part of our inspection.

During our visit we:

- Spoke with a range of staff including three GPs, one student GP, three nurses and one health care assistant. We also spoke with the practice manager and nine questionnaires were completed by administration, secretarial and reception staff.
- Spoke with 10 patients who used the service, two of which were also PPG members.
- 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). In addition to this, a 'concern log' was available for staff to complete should they identify potential significant events.
- 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.

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.

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. Staff were unclear who the safeguarding lead was for the practice. Staff had received training relevant to their role and GPs were trained to safeguarding level 3.
- Information telling patients that they could ask for a chaperone was visible in the reception area. Nursing and reception staff acted as chaperones and understood their responsibilities, including where to stand to be able to observe the examination. Nursing and reception 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).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection prevention and control (IPC) lead. Whilst this was a new role for the practice nurse, they had completed a recent internal infection control audit in December 2016. However, we did not see any evidence that action was taken to address any improvements identified as a result. There was an infection control protocol in place and staff had received training. Infection control monitoring was undertaken throughout the year.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored 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 did not have a system in

Are services safe?

place to ensure safety alerts were routinely followed up and documented to ensure they had been completed. 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 did not have a business continuity plan in place for major incidents such as power failure or building damage. Staff we spoke with were not aware of the business continuity arrangements for the practice. We spoke with the practice manager about this and they told us that business continuity planning would be implemented within the next six months. Following our inspection visit the practice manager confirmed that they would have business continuity arrangements fully completed by September 2017.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had a process in place to receive updates and safety alerts including National Institute for Health and Care Excellence (NICE) best practice guidelines. However, implementation was not robust enough to ensure patients' treatment was reviewed and updated if necessary.

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 2015/2016 showed the practice achieved 80% of the total number of points available. This was worse than the local CCG average of 92% and the national average of 95%. The practice had 11% exception reporting compared to the local CCG average of 13% 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). Data from 2015/16 showed;

- Performance for diabetes related indicators was 83% which was comparable to the local CCG average of 87% and worse than the national average of 90%.
- Performance for mental health related indicators was 47% which was significantly worse than the local CCG average of 87% and the national average of 93%.
- 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 75%. This was significantly worse than the local CCG average of 88% and the national average of 90%.
- The percentage of patients with asthma who had had an asthma review in the preceding 12 months was 54%, which was significantly worse the local CCG average of 76% and the national average of 76%.

Clinical audits demonstrated quality improvement.

- We saw records that there had been various clinical audits completed in the last two years, and these were completed audits where the improvements were monitored and shared with the practice team.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Clinical audit findings were used by the practice to improve services. For example, an audit was undertaken to determine the number of patients prescribed medication to control arthritis. The audit showed that the current monitoring system was inadequate and subsequently a change in monitoring was identified and improvements and positive patient outcomes were identified as a result of the changes implemented.

Effective staffing

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

- The practice did not have a formal 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 not identified through a system of meetings and reviews of practice development needs. Staff appraisals had not been completed 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.

Are services effective?

(for example, treatment is effective)

- 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. We saw evidence that multi-disciplinary team meetings took place 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, 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 misuse and those with mental health problems. Patients were then signposted to the relevant service.
- A contraceptive service was available by appointment and smoking cessation advice was available. Further support from a local support group was available from the falls team, weight loss service and mental health services.

The practice had a comprehensive screening programme. QOF data from 2015/2016 showed the practice's uptake for the cervical screening programme was 90%, which was worse than the local CCG average 97% and the national average of 97%. 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 2015/2016 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 ranged from 57% to 97% compared to the CCG average of 49% to 98% and for five year olds from 85% to 98% compared to the CCG average of 93% to 97%.

The practice was providing patients with access to appropriate health assessments and checks. These included some health checks for new patients. However, health checks for people aged 40–74 years were not currently undertaken. Following our inspection visit, the practice manager told us that the Health Care Assistants had now completed training for this service and these health checks were due to commence from March 2017.

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 spoke with 10 patients during the inspection and with two patients who were also PPG members. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. However, patients also expressed their frustration at getting an appointment when they need one and to suit them. Staff responded compassionately when they needed help and provided support when required. Patients said they felt the practice offered an excellent service and staff were helpful, caring. Six patients also completed CQC comments cards. Staff were described as compassionate, kind, helpful, caring and polite.

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 similar to the local CCG and national average for questions about consultations with GPs and with nurses. For example:

- 90% said the GP gave them enough time compared to the local CCG average of 84% and national average of 87%.
- 88% said the GP was good at listening to them compared to the local CCG average of 85% and national average of 89%.
- 81% 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%.

- 91% 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%.
- 97% 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%.
- 91% 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 90%.
- 95% 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%.
- 78% 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 similar to the local CCG and national averages for consultations with GPs and nurses, for example:

- 85% 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%.

Are services caring?

- 91% 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 on the practice website to translate it 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 generally motivated and 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% of its patient list as carers for patients. Written information was available to direct carers to the various avenues of support available to them.

The practice manager told us that if families had suffered bereavement, their GP did not send out a sympathy card. There was no follow up service in place to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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 visits to patients who otherwise could not attend the practice for health checks and vaccinations.
- 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.
- An on-call doctor offered urgent and non-urgent telephone consultations on a daily basis.
- 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 main practice and Newington Health Centre branch was open between 8am and 6.30pm Monday to Friday. GP appointment times were from 9am to 12pm and 1.30pm to 6pm. An on-call GP provided telephone appointments from 9am to 6.30pm. Nursing and Health Care Assistant appointments were from 8am to 12.30pm and 1.30pm to 5pm. The practice offered two Saturday morning clinics each month.

The practice, along with all other practices in the NHS Hull CCG area had a contractual agreement for NHS 111 service to provide Out of Hours (OOHs) services from 6.30pm to 8am. This had been agreed with the NHS England area team.

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

- 34% 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%.
- 60% of patients described their experience of making an appointment as good compared to the local CCG average of 70% and national average of 73%.
- 66% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 80% and national average of 85%.

People told us on the day of the inspection that they were unable to get appointments when they needed them. The practice had recently implemented a software system to monitor its appointments. The system sent out a text reminder to the patient when their appointment was booked and a reminder was sent the day before their appointment. The appointment system was been monitored and during January 2017, 17 appointments were cancelled directly by patients which were then made available for other patients. The practice were also monitoring patients that had not attended their appointment in order to improve their appointment rates.

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.

Are services responsive to people's needs? (for example, to feedback?)

The practice had received 33 formal complaints in the last 12 months and these were satisfactorily handled and dealt

with in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. However, there was no formal analysis of complaint undertaken to look at trends.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

- The practice did not have a mission statement implemented and staff did not know or understand the practice values.
- The practice did not have a documented strategy and supporting business plans in place.

Following our inspection visit the practice manager told us that all staff had been asked to contribute to a mission statement for the practice. We were provided with evidence that this had taken place.

Governance arrangements

Some areas of governance in the practice required further establishing:

- There was a staffing structure and staff were aware of their own roles and responsibilities.
- We saw a significant volume of patients' notes waiting to be added to the electronic patient records system. We spoke with the practice manager about this and, although the records were stored in a safe and secure manner, they were unsure what information was held and the associated risks. Following our inspection visit the practice manager told us that a risk assessment had been completed and approx. 9% of patient medical records required summarising. They also told us that they had completed a risk assessment of patient medical records with the focus on patients who had not had a new patient health check and the over 70s.
- We did not see any system to conduct an analysis of significant events and complaints to assess the trends and impact on patients and the service. However, following our inspection visit the practice manager told us they had recruited a non-prescribing pharmacist. They were recruited to establish systems and procedures to streamline their prescription process in order to minimise the number of errors. The practice took this decision as a result of a significant event analysis meeting to consider their recent issues.
- Practice specific policies were implemented and were available to all staff.

- The practice did not have a formal induction programme for newly appointed members of staff and contracted locums that covered such topics as safeguarding, fire safety, health and safety and confidentiality. Following our inspection visit the practice manager told us that they have extended their induction checklist to incorporate an 'inductee timetable' which was used to review the first two weeks of new staff members starting at the practice.

Leadership and culture

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.

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.
- The practice did not have a system in place to ensure safety alerts were routinely followed up and documented to ensure they had been completed.

There was a leadership structure in place however staff did not feel fully supported by management.

- Staff told us the practice held team meetings using the PTL sessions and discussed practice concerns and developments. However, staff were concerned that this time was not used effectively or to utilise the time to complete their self-training sessions.
- Some staff told us that there was not an 'open door' culture within the practice and although they had the opportunity to raise any issues at team meetings and felt confident in doing so.
- Staff said they did not feel respected, valued and supported, particularly by the partners in the practice. Some felt they were not involved in discussions about how to run and develop the practice.

Following our inspection visit the practice manager told us that they had appointed a temporary assistant manager to ensure there was good communication and engagement

Are services well-led?

Requires improvement 

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

with staff. They also told us that one-to-one interviews had been conducted with staff and several issues have been identified. The partners had reflected on these issues and have responded to areas of improvement to ensure the daily functioning of 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 sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients. The PPG had eight members and met on a quarterly basis. The group had last met on 15 December 2016 and an agenda and minutes were produced for the members and practice. PPG members had suggested improvements in the

telephone system in order to reduce the waiting time getting through to the practice to arrange an appointment. The practice acknowledged that the current system they had was an 'on-going' issue and more staff had been allocated to answer telephones and the call queuing system had been extended. However, PPG members we talked to told us that the revised appointment booking system is still not seeing improvements to appointment availability.

- The practice had gathered feedback from staff through staff meetings and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Some staff told us they did not feel involved and engaged to improve how the practice was run.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: <ul style="list-style-type: none">• There were insufficient systems of governance in place to ensure that the provider could assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Regulation 17(1)(2)(a)