HOLDERNESS HEALTH OPEN-DOOR 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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Holderness Health Open-Door Surgery on 5 July 2017. The overall rating for the practice was requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice did not have clearly defined and embedded systems to minimise risks to patient safety, in relation to recall of patients on high risk medication and managing alerts.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available.
- Patients we spoke with said they found it easy to make an appointment with the 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 areas where the provider should make improvements are:

Summary of findings

- Although patient feedback is being sought in other ways the practice should explore ways of introducing and implementing a patient participation group (PPG) to drive improvement through further suggestions from a patient perspective.
- Consider implementing a system to conduct an analysis of all significant events to assess the trends and impact on patients and the service.
- Plan and conduct multi-disciplinary meetings for patients with defined needs in order to meet their care in a timely manner.
- Ensure all complaints are managed in accordance with procedures in respect of complaint outcomes and reference to other agencies.
- Implement systems to ensure infection control audits and any actions identified are completed and monitored in a timely manner.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients, which meets their needs and reflects their preferences.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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?

Requires improvement

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

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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.
- We did not see any system in place for the review of patients prescribed high risk medicines.
- The practice did not have clearly defined and embedded systems, processes and practices to minimise risks to patient safety, in relation to recall of patients on high risk medication and managing safety alerts.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Not all staff who undertook chaperone duties in the practice had undergone appropriate checks.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were above or comparable compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice worked with community staff to identify their patients who were at high risk of attending accident and emergency (A+E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A+E attendances.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with the 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.
- Information about how to complain was available. Evidence from examples reviewed did not fully identify how the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held governance meetings as part of their full practice sessions.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included

Summary of findings

arrangements to monitor and improve quality and identify risk. However, the practice did not have systems in place for annual infection control audits, monitoring systems for patients on high risk medicines and a system to manage alerts.

- Staff had received inductions and attended staff meetings and training opportunities. However, some staff had not had Disclosure and Barring Service (DBS) checks completed and references were not documented as part of their recruitment.
- The provider was aware of the requirements of the duty of candour. In the investigation reports we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff. However, we did not see any examples where feedback had been acted on. The practice engaged on an 'ad-hoc' basis with the patient participation group on a 'virtual' email basis.

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

Requires improvement

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

Requires improvement

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

- The GP and 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 generally similar or worse than the local CCG and national average. For example, 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 79%. This was worse than the local CCG average of 88% and the national average of 89%.

Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. However, we did not see any documented evidence that multi-disciplinary meetings had taken place.

Families, children and young people

Requires improvement

The practice is rated as requires improvement 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.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. For example, appointments were arranged out of school our and a private quiet area was provided for breastfeeding.
- The practice worked with midwives, health visitors and school nurses to support this population group.

Working age people (including those recently retired and students)

Requires improvement

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

- The needs of these population groups had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, appointments were available from 8am and until 6.30pm on a Friday.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Telephone consultations were available every day with a call back appointment arranged at a time to suit the patient.

People whose circumstances may make them vulnerable

Requires improvement

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

- The practice carried out advance care planning for patients living with dementia.
- 95% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 95% and the national average of 94%. This was comparable to the national and local CCG average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For

example, a register of patients with mental health was maintained and referrals were made to local mental health teams as a result of reviewing reports from psychiatry assessments.

- The practice did not have a system for monitoring repeat prescribing for patients receiving high risk medicines.
- 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 80%. This was comparable to the local CCG average of 84% and comparable to the national average of 89%.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 6 July 2017 showed the practice was performing in line with local CCG and national averages. 223 survey forms were distributed and 107 were returned. This represented a 48% completion rate.

- 88% said the last appointment they got was convenient compared with the local CCG average of 78% and national average of 81%.
- 82% said the last GP they saw was good at explaining tests and treatments compared to the local CCG average of 84% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 78% and national average of 82%.
- 89% described their experience of making an appointment as good compared to the local CCG average of 69% and national average of 73%.
- 87% usually waited 15 minutes or less after their appointment time to be seen compared to the local CCG average of 71% and national average of 64%.
- 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 84%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were mostly positive about the standard of care received. Patients described care as excellent and said staff were caring, helpful and easy to approach.

We received nine patient questionnaires during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Results from the Friends and Family test (FFT) for April to June 2017showed 36 responses had been received. 15 were extremely likely to recommend the practice, 16 were likely, one was neither likely nor unlikely to recommend the practice, one was extremely unlikely and two did not know.

Feedback on the comments cards, the questionnaires and from the FFT reflected the results of the national survey.

Areas for improvement

Action the service MUST take to improve

- Ensure care and treatment is provided in a safe way to patients, which meets their needs and reflects their preferences.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Action the service SHOULD take to improve

- Although patient feedback is being sought in other ways the practice should explore ways of introducing and implementing a patient participation group (PPG) to drive improvement through further suggestions from a patient perspective.
- Consider implementing a system to conduct an analysis of all significant events to assess the trends and impact on patients and the service.
- Plan and conduct multi-disciplinary meetings for patients with defined needs in order to meet their care in a timely manner.
- Ensure all complaints are managed in accordance with procedures in respect of complaint outcomes and reference to other agencies.
- Implement systems to ensure infection control audits and any actions identified are completed and monitored in a timely manner.

HOLDERNESS HEALTH OPEN-DOOR 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 adviser.

Background to HOLDERNESS HEALTH OPEN-DOOR SURGERY

Holderness Health Open-Door Surgery, 700 Holderness Road, Hull, HU9 3JA is situated to the east of the City of Hull. The practice provides services under a General Medical Services (GMS) contract with NHS England, Hull Area Team. The practice list size of 1,637 and the majority of patients are of elderly background.

There is one GP who is female. The practice also arranges for further consultations by regular locum GPs. There is one practice nurse and they are supported by a practice manager, reception and administrative staff.

The practice is open between 8am to 6.30pm Monday to Friday. Appointments are available from 8.30am to 4.30pm on a Monday. 8.30am to 11am and 2.30pm to 5.30pm on a Tuesday. 10am to 5.30pm on Wednesday. 11am to 6.30pm on a Thursday. 9.30am to 12am and 4pm to 6pm on a Friday.

The proportion of the practice population in the 14-44 years age group is significantly higher than the England average. The practice population in the 45-64 years age group is also higher than the England average. The practice scored four on the deprivation measurement scale, which is the fourth 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 slightly better than the England average, the practice is 23.4 and the England average is 26.6.

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 NHS 111 service to contact the OOHs provider. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

Why we carried out this inspection

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 5 July 2017.

During our visit we:

- Spoke with a range of staff including one GP, the practice manager and two members of staff. Four questionnaires were completed by administration, secretarial and reception staff. We also spoke with the practice nurse via telephone following our inspection visit.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system 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). For example, a fridge containing medicines fell below its manufacturing operating temperature which meant that the medication may have become unsafe to use. The provider had contacted the medications supplier for advice and implemented immediate action to resolve the incident.
- From the sample of investigation reports we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, 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, and minutes of meetings where significant events were discussed.
- We reviewed patient safety alerts that had been received into the practice from a number of sources. The practice manager told us that they had to currently act on a number of alerts that had been received. We saw that there was no system in place for ensuring safety alerts were acted on. We saw records in the form of an electronic file that indicated alerts had not been actioned. A spread sheet showed that alerts received between 4 April 2017 and 12 June 2017 had not been actioned by the practice.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient who was given a wrong prescription was entered into an incorrect record. A discussion had taken place with the relevant patient concerned and the provider had reviewed its internal procedures.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GP was trained to child protection or child safeguarding level three. Nursing staff were also trained to level three.
- A notice in the waiting room and nurse's treatment room advised patients that chaperones were available if required. Some staff who carried out chaperone duties in the practice did not have a Disclosure and Barring Service (DBS) check in place. The practice manager told us that they will inform staff to cease from conducting chaperone duties until DBS checks had been fully completed. (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).
- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. However, we did not see any IPC audits that had recently been undertaken. We spoke with the practice manager about this and they gave us their assurances that an annual IPC audit would be completed by the end of August 2017.

Requires improvement

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

Vaccines were administered by the nurse using directions that had been produced in line with legal requirements and national guidance.

- There were processes for handling repeat prescriptions. We saw records of nine patients who were prescribed high risk medicines however; we did not see any system in place for the review of patients.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. We reviewed five patient records and found all repeat prescription templates were within review date, and medication reviews had been carried out regularly, with the exception of high risk medication reviews.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.

We reviewed six personnel files and found appropriate recruitment checks had not been undertaken prior to employment. For example, Two of the staff files we looked at did not include previous employer references and three staff who carried out chaperoning duties did not have a DBS check in place.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Staff provided cover for sickness and holidays and regular locums were engaged when required.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We saw that two medicines used for emergency situations were out of date. A second full emergency medications kit was also available and the medication was in date. The out of date medications were removed from the first kit as the first emergency kit had appropriate stocks.
- There was a first aid kit and accident book available.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice did not have clearly defined and embedded systems, processes and practices to minimise risks to patient safety, in relation to recall of patients on high risk medication and managing safety alerts.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Results for 2015/2016 showed the practice achieved 93% of the total number of points available compared with the local clinical commissioning group (CCG) average of 92% and national average of 95%.

The practice had 7% 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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 100% which was higher than the local CCG average of 87% and the national average of 90%.
- Performance for mental health related indicators was 80% which was lower to 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 79%. This was lower than the local CCG average of 88% and the national average of 89%.
- The percentage of patients with asthma who had had an asthma review in the preceding 12 months was 78%, which was comparable to the local CCG average of 76% and the national average of 75%.

There was evidence of quality improvement including clinical audit:

- There had been four clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit was done to check if the blood results for patients taking Warfarin (a medicine that thins the blood) were within the recommended range. The first audit in January 2017 identified that 21 patients' blood results were not within the recommended range. Patients were called in for a review and their medicines changed where necessary. Following the first audit patients were called in for a review and where necessary changed to a different medication to improve their control. A re-audit showed that 5 patients' blood results were not within the recommended range. The second audit was not dated.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. Staff had access to appropriate

Good

Are services effective?

(for example, treatment is effective)

training to meet their 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 revalidating GPs and nurses.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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 investigation and test results.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place on an 'ad-hoc' basis with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and drug misuse.
- The practice referred and sign posted people who needed support for alcohol or drug problems to local counselling services.

The practice's uptake for the cervical screening programme was 100%, which was comparable with the local CCG average of 97% and the national average of 97%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability. They ensured a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. The practice's uptake for females aged 50-70 screened for breast cancer in the last 36 months was 74%. This was comparable with the national average of 72%. The practice's uptake for patients screened for bowel cancer in the last 30 months was 67%. This was higher than the national average of 58%.

Good

Are services effective?

(for example, treatment is effective)

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to local CCG and national averages. For example, rates for the vaccines given to under two year olds and five year olds were 100%.

Patients had access to appropriate health assessments and well person checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex as requested.

All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We received nine patient questionnaires during the inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2017 showed patients felt they were treated with compassion, dignity and respect. The practice was above or comparable to the local CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% said the GP gave them enough time compared to the local CCG average of 85% and national average of 86%.
- 81% said the GP was good at listening to them compared to the local CCG average of 87% and national average of 89%.
- 83% 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 86%.
- 94% 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%.
- 98% 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 92% and national average of 91%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 90% 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 97% and national average of 97%.
- 92% patients said they found the receptionists at the practice helpful compared to the local CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 82% said the last GP they saw was good at explaining tests and treatments compared to the local CCG average of 84% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 78% and national average of 82%.

Good

Are services caring?

- 93% said the last nurse they saw was good at explaining tests and treatments compared to the local CCG average of 90% and national average of 90%.
- 87% said the last nurse they saw was good at involving them in decisions about their care compared to the local CCG average of 86% and national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available by request in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 29 patients as carers (1.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. There were forms available in the waiting area that patients could complete if they were a carer.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered home visits to patients who otherwise could not attend the practice for health checks, blood 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.
- The practice offered urgent and non-urgent telephone consultations on a daily basis.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers for patients who found it hard to use or access services.
- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients received information in formats that they could understand and receive appropriate support to help them to communicate.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were available from 8.30am to 4.30pm on a Monday. 8.30am to 11am and 2.30pm to 5.30pm on a Tuesday. 10am to 5.30pm on Wednesday. 11am to 6.30pm on a Thursday. 9.30am to 12am and 4pm to 6pm on a Friday.

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

- 84% of patients were satisfied with the practice's opening hours compared with the local CCG average of 77% and the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared with the local CCG average of 63% and the national average of 71%.
- 89% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the local CCG average of 80% and the national average of 84%.
- 88% of patients said their last appointment was convenient compared with the local CCG average of 78% and the national average of 81%.
- 89% of patients described their experience of making an appointment as good compared with the local CCG average of 69% and the national average of 73%.
- 81% of patients said they don't normally have to wait too long to be seen compared with the local CCG average of 62% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Information about the opening times was available on the website and in the patient information leaflet.

The practice had a system to assess:

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

When patients requested a home visit the details of their symptoms were recorded and an electronic task sent directly to the GP. If necessary the GP would call the patient back to gather further information so an informed decision could be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This was available in reception.

The practice manager told us that there had been no complaints for the last 12 months. However, during our investigation regarding the review significant events we found that two significant events that had been recorded as complaints and we did not see evidence that any outcome was confirmed for the patient. There was no reference made of who patients could contact if they were not satisfied with the outcome of a complaint investigation for example the Ombudsman.

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. Lead GPs had been identified for governance and safeguarding.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Staff told us that practice meetings were not held on a regular basis. However, they provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not fully implemented. For example, we saw that there was no system in place for ensuring safety alerts were acted on. We saw records in the form of an electronic file that indicated alerts had not been actioned. A spread sheet showed that alerts received between 4 April 2017 and 12 June 2017 had not been actioned by the practice.
- We did not see any IPC audits that had recently been undertaken and there was no annual Infection Control statement with regard to compliance with practice available.
- We saw evidence from minutes of meetings that there were no regular items for discussion for example, significant events and complaints were discussed on an 'ad-hoc' basis.
- We did not see any evidence that a system to conduct an analysis of all significant events to assess the trends and impact on patients and the service had been implemented.

Leadership and culture

On the day of inspection the partner in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partner was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partner encouraged a culture of openness and honesty. From the sample of investigation reports we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients on an 'ad-hoc'

Are services well-led?

Requires improvement

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

basis. However, we did not see any records or minutes when meetings had taken place. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.

- Staff told us the practice held 'ad-hoc' team meetings and we saw minutes to confirm this
- 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 and supported in doing so.
- 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 and staff. It proactively sought feedback from:

- Patient feedback was sourced through the 'virtual' patient participation group (VPPG). However, the provider told us that the patient participation (VPPG) was only used on a virtual basis by emailing the members. The practice manager told us that they were introducing regular meetings at the practice site in the near future as part of their programme to join other practices in the area as a part of the 'Hull Health Forward Confederation' (HHFC). This is a joint project with eight local practices to merge as a federation to allow patients improved choice of health care support and services.
- 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular: • There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks following safety alerts relating to the health, safety and welfare of service users and others who may be at risk. • There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks in relation to infection and prevention control. • There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks in relation to the management of patients on high risk medication. Regulation 12(1)(2)

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

This section is primarily information for the provider

Requirement notices

- There were no systems or processes that enabled the registered person to confirm staff had undertaken appropriate validation prior to their employment in respect of proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Regulation 19(3)