Park View 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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park View Surgery on 12 May 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.
- 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.

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. There was a new active Patient Participation Group (PPG), and we met with three of the members. They were all keen to commence organised meetings to discuss the practices and suggestions for improvement. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication 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.

Families, children and young people

Good

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. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. 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)

Good

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

Summary of findings

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

In the NHS England GP Patient Survey of January 2015 86.3% of patients had trust and confidence in the last GP they saw or spoke to, while 76.1% said their GP was good at involving them in decisions about their care. 86.4% of patients said that the nurses were good at treating them with care and concern. 87.9% said found the receptionists to be helpful and 96% reported that their overall experience as being good or very good.

We spoke to three members of the Patient Participation Group (PPG) and five patients as part of the inspection. We also collected four Care Quality Commission (CQC) comment cards which were sent to the practice before the inspection, for patients to complete.

Patients we spoke to and QCQ comment cards indicated the majority of patients were satisfied with the service provided, that they were treated with dignity, respect and care, and that staff were thorough, professional and approachable. Patients said they were happy with their medical treatment, and that they received referrals to other services where required, and also received test results within a good timescale, and that any problems were followed up thoroughly.

A comment from two of the patients was regarding the time spent waiting for appointments when the surgery was running late. The GP patient survey of January 2015 showed 76.8% of patients described their experience of making an appointment was good, 76.6% said they found the opening hours convenient.

Park View 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 two specialist advisors, a GP and a Practice Manager.

Background to Park View Surgery

Park View Surgery provides primary medical services to approximately 4,200 patients in the catchment area of Hessle. The practice has significantly more patients over 85 and 2.3% of those patients are living in care homes.

There are two partner GP's and one salaried GP. Two GP's are male and one female, and they are supported by, two practice nurses, a practice manager and administration staff. They are in the process of recruiting a health care assistant to replace the person who recently left the practice.

Out of Hours services are accessed via the 111 service. There is also the Urgent Care Centre, Epinal Way, Loughborough. This service is open 24 hours a day. Telephone 01509 5688000

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; family planning; surgical procedures, maternity and midwifery services and treatment of disease, disorder and injury.

The practice provides appointments between 8.30am to 5.30pm Monday, Wednesday, Thursday and Friday. On Tuesdays the surgery is open 8.30 to 12md. Out of Hours services are accessed via the 111 service.

The practice also offers a range of enhanced services including learning disabilities, minor surgery, childhood immunisation and vaccination and timely diagnosis and support for people with dementia.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

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

For example:

Detailed findings

Before our inspection we carried out an analysis of data from our Intelligent Monitoring system. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We also spoke with three members of the Patient Participation Group. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We carried out an announced inspection on 28 May 2015.

We reviewed all areas of the surgeries, including the administrative areas. We sought views from patients both face-to-face and via comment cards. We spoke with the practice manager, GPs, nursing staff, administrative and reception staff.

We observed how staff handled patients attending for appointments and how information received from patients ringing the practice was handled. We reviewed how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

Good

Are services safe?

Our findings

Safe track record and learning

The practice had systems for reporting, recording and monitoring significant events, incidents and accidents. Appropriate investigations of incidents took place, and lessons learned from these were communicated throughout the practice. However, at times written records and analysis of incidents were not sufficiently detailed, therefore some opportunity for learning and improvement may have been missed.

Overview of safety systems and processes

Staff were able to give examples of where procedures had changed following an incident, for instance additional checks around (International Normalised Ratio), or INR, which is a blood test that checks how long it takes for blood to clot. We also saw where action had been taken following national patient safety alerts, such as recalling patients for medication reviews. Where patients had been affected by an incident the practice had communicated with those affected to offer a full explanation and apology, and told what actions would be taken as a result. Records showed the practice had managed incidents consistently over time and so could evidence a safe track record.

Child protection and vulnerable adult policies provided staff with information about identifying, reporting and dealing with suspected abuse that was reported or witnessed. Staff had received safeguarding training at an appropriate level.

The practice had a register for vulnerable children, and systems to monitor children who failed to attend for childhood immunisations, or who had high levels of attendances at A&E.

Medicines stored in the practice were kept securely. Appropriate checks and procedures were in place to make sure refrigerated medicines were stored at the correct temperature. Arrangements were in place to ensure medicines including those in doctor's bags were intact and in date. There were safeguards to ensure prescriptions were checked and dispensed correctly, and a process to regularly review patients' repeat prescriptions in accordance with the latest guidelines to ensure they were still appropriate and necessary.

We observed most areas of the practice to be clean, tidy and well maintained, and staff followed appropriate infection control procedures to maintain this standard. However the last infection control audit had been undertaken in December 2103 and was not complete.

All equipment used for invasive procedures and for minor surgery were disposable, stored correctly and in date. Staff had sufficient access to protective equipment such as gloves and aprons to reduce risk of infection. Fire extinguishers, fire alarms, and portable appliances had all been recently tested.

There were sufficient numbers of staff with appropriate skills to keep people safe, and rota systems and forward planning to maintain this. These took into account changes in demand, annual leave and sickness. Records showed that appropriate checks were undertaken prior to employing staff, such as identification checks and disclosure and barring checks.

The practice had assessed risks to those using or working at the practice and kept these under review. Patients with a change in their condition were reviewed appropriately.

Arrangements to deal with emergencies and major incidents

There were emergency procedures and equipment in place to keep people safe. Staff had received Cardio Pulmonary Resuscitation training, and a defibrillator was available, which staff were trained to use. Staff could describe the roles of accountability in the practice and what actions they needed to take in an emergency.

A business continuity plan included details of emergency scenarios, such as loss of data or utilities. The emergency contact numbers were available.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff routinely referred to best practice clinical guidance when assessing patient's needs and treatments. For instance, we saw where new guidance had been received of a medicine with potential side effects. Patients on this medicine had been identified and advised to come for a blood test. The system was also altered so when a patient attended for another reason, it would alert the GP to take a blood test.

Practice nurses managed specialist clinical areas such as diabetes, heart disease and asthma, in conjunction with a lead GP. Care was planned to meet identified needs and was reviewed through a system of regular clinical meetings.

National data showed the practice was in line with referral rates to secondary and other community care services for all conditions. All GP's we spoke with used national standards for referral, for instance two weeks for patients with suspected cancer to be referred and seen.

Staff had received training appropriate to their roles, and had protected learning time for ongoing training. They were supported in attending external courses where required. GP's had undertaken annual external appraisals and had been revalidated or had a date for revalidation, an assessment to ensure they remain fit to practice. Continuing Professional Development for nurses was monitored through appraisals, and professional qualifications were checked yearly to ensure clinical staff remained fit to practice.

Checks were made on qualifications and professional registration as part of the recruitment process. Staff were given an induction and further role specific training when they started.

Protecting and improving patient health

The practice worked with other services to improve patient outcomes and shared information appropriately.

There were systems in place to ensure that information such as blood results and discharge letters were passed to the relevant staff in a timely fashion. Information was shared with out of hour's services, ambulance crews and hospital staff as appropriate to enable continuity of care.

Communication between staff was good, information mainly being distributed by the practice manager. Although staff felt that they were up to date with happenings in the practice and involved in decision making it was highlighted that staff meetings did not take place.

Clinical staff had received some training around consent and the Mental Capacity Act 2005. GPs explained examples where people had recorded advance decisions about their care or their wish not to be resuscitated. Where those with a learning disability or other mental health problems were supported to make decisions, this was recorded. Staff were able to discuss the carer's role and the decision making process, including how they would deal with a situation if someone did not have capacity to give consent. Verbal consent was recorded as part of a consultation, and written consent forms used for invasive procedures such as ear syringing or coil fitting.

The practice offered new patient health checks, and NHS checks for patients aged 40-75. Advice was available on stopping smoking, alcohol consumption and weight management. Patients over the age of 75 were allocated a named GP. Nurses used chronic disease management clinics to promote healthy living and health prevention in relation to the person's condition. The practice website contained health advice and information on long term conditions, with links to support organisations.

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

Good

Are services effective?

(for example, treatment is effective)

This practice was not an outlier for any QOF (or other national) clinical targets. Data showed

- Performance for diabetes related indicators was similar to the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average
- Performance for mental health related indicators was similar to the national average.
- The dementia diagnosis rate was comparable to the national average.

The practice routinely collected information about people's care and outcomes. These included scores from national incentive schemes (the Quality and Outcome Framework, or QOF), regular clinical audits, and comparing its performance against other practices in the CCG area. These showed the practice had outcomes comparable to other services in the area.

The practice carried out some clinical audits and all relevant staff were involved to improve care and treatment and people's outcomes. The practice provided details of audits that had been undertaken and these included completed audits where the improvements made were checked and monitored. There had been an audit of the patients who had received minor surgery in the practice. The audit showed that only one patient needed further treatment. A future date was included for re-audit to gauge the success of any corrective actions.

Effective staffing

Staff had received training appropriate to their roles, and had protected learning time for ongoing training. They were supported in attending external courses where required. GP's had undertaken annual external appraisals and had been revalidated or had a date for revalidation, an assessment to ensure they remain fit to practice. Continuing Professional Development for nurses was monitored through appraisals, and professional qualifications were checked yearly to ensure clinical staff remained fit to practice.

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Communication between staff was good, information mainly being distributed by the practice manager. Although staff felt that they were up to date with happenings in the practice and involved in decision making it was highlighted that staff meetings did not take place.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared 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 are discharged from hospital.

In addition to routine immunisations the practice offered travel vaccines, and flu vaccinations. Well woman, ante- and post natal clinics were available. Data showed childhood immunisation rates were broadly comparable with the CCG area. The practice's performance for cervical smear uptake was comparable with the CCG and England average. There was a policy to follow up patients who did not attend for cervical smears.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a

Good

Are services effective?

(for example, treatment is effective)

patient's mental capacity to consent to care or treatment was unclear the GP or 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.

Health promotion and prevention

The practice offered new patient health checks, and NHS checks for patients aged 40-75. Advice was available on stopping smoking, alcohol consumption and weight management. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Patients over the age of 75 were allocated a named GP. Nurses used chronic disease management clinics to promote healthy living and health prevention in relation to the person's condition. The practice website contained health advice and information on long term conditions, with links to support organisations.

Patients who may be in need of extra support were identified by the practice and assistance given as to where to go for that support.

The practice had a comprehensive screening programme. There was 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.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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.

The four patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with three members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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 comment cards we received was also positive and aligned with these views.

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

- 85.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.2% and national average of 86%.
- 90.6% said the last GP they saw was good at listening to them compared to the CCG average of 92.2% and national average of 88.6%

Staff told us that translation 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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This 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 is rated as good for being responsive. The needs of the practice population were understood and systems were in place to address identified needs. For instance the practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and reviews for patients with long term conditions.

Longer appointments could be made available where required, and patients could book with a specific GP to enable continuity of care. The practice followed up those who did not attend for screening or long term condition clinics.

The practice had many care homes in their catchment area and the GP's undertook home visits as required.

Access to the service

The facilities and premises were appropriate for the services which were planned and delivered, with sufficient treatment rooms and equipment available.

The building was accessible for people with disabilities and all treatment/consulting rooms and patient toilets were on the ground floor. There was a practice information leaflet available in reception. There was a hearing loop at reception to assist those hard of hearing.

Information about how to arrange appointments, opening times and closures was on the practice website or patient information leaflet. There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed.

Appointments could be made in person, by telephone or online. Repeat prescriptions could be ordered online. The practice had surgery's on Monday, Wednesday, Thursday and Friday from 8.30 to 12md and 2pm to 6pm. On Tuesday there was a surgery from 8.30 to 12md. All appointments could be pre booked apart from the last four of each surgery as those were for urgent appointments. Home visits and telephone appointments were available where necessary.

During core times patients could access a mix of GP appointments, or clinics such as family planning and for chronic conditions. The most recent GP patient survey showed that 61.8% of patients were seen within 15 minutes of their appointed consultation time with, the area average being 68.2%. Patients we spoke with told us their appointment waiting times varied depending on which GP they were going to see.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. There was a designated person who handled all complaints in the practice. Information on how to complain was in the patient information leaflet. There was a suggestion box where patients could leave feedback through the 'Friends and Family' test.

We looked at a summary of complaints made during 2014, and could see that these had been responded to with a full explanation and apology. Details of the ombudsman had been made available.

The practice summarised and discussed complaints with staff and was able to demonstrate changes made in response to feedback, such as improvements in confidentiality and changes to the appointment system.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice is rated as good for being well-led. The practice had a clear mission statement and published values to improve the health and well-being of patients and provide good quality care. Awareness of the mission statement varied among staff. The practice regularly looked at how they thought the practice was performing, problem areas, and opportunities and threats for the future

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

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

From our discussions with staff we found that they looked to continuously improve the service being offered, and valued the learning culture.

Staff said they felt happy to work at the surgery, and that they were supported to deliver a good service and good standard of care. Staff described the culture at the practice as open and honest. There was a clear chain of command and organisational structure. While communication within teams was good, this was less so across the whole practice, as formalised meetings were not held. This was acknowledged by the practice and although there was some difficulty in the timing of meetings we were told that they would be commenced.

Staff told us the practice supported them to maintain their clinical professional development through training and mentoring. Appraisals took place where staff could identify learning objectives and training needs.

The practice was a training practice and supported medical students from The University of Hull and York.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

There was a new active Patient Participation Group (PPG), and we met with three of the members. They were all keen to commence organised meetings to discuss the practices and suggestions for improvement.

Staff told us they generally felt involved and engaged in the practice to improve outcomes for both staff and patients however there were no formalised meetings. There was a whistleblowing policy which was available to all staff. They told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.