

Practice 1, Medical Centre, Bridlington

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Practice 1, Medical Centre, Bridlington on 20 October 2017. The practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- 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 and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients told us they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

There were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Include review dates, actions required and who was responsible for ensuring actions were completed in significant events analysis (SEA) and complaint investigations.

Summary of findings

- Monitor the use of smartcards to confirm staff were following national guidance.
- Monitor that recruitment checks are carried out in line with the practice policy.
- Review the clinical audit programme to support the planning and completion of audit and quality monitoring cycles.
- Improve the system for identifying carers.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system in place for reporting and recording significant events; lessons were shared with individual staff involved in incidents to make sure action was taken to improve safety in the practice. However lessons were not always shared with staff if they were not involved in the incident.
- When things went wrong patients were informed as soon as practicable, received an apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and staff had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and nurse practitioner were trained to child protection or child safeguarding level three.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data for 2016/2017 showed patient outcomes were above the local CCG and national average for a number of areas.
- 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 staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the GP national survey published in July 2017 showed that patients rated the practice comparable to or above the local CCG and national average.
- 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 in the practice and on their website. Information was displayed in the waiting room informing patients of the conditions the practice nurse could see them for.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- There was a carer's register and information was available on the practice website. There was a carers registration form and information for carers on support services available for them displayed in the waiting room.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example;
 - the practice worked with the CCG and the 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.
 - 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 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.
- Feedback from patients during the inspection said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

The practice is rated as good for being well-led.

Good



- 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 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
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and training opportunities and attended staff meetings.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The GPs and practice manager 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 and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff were given protected time to complete training.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over the age of 75 years had a named GP.
- The practice had assessed the older patients most at risk of unplanned admissions and had developed care plans which were regularly reviewed.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with the community care Elderly care Consultant and community teams to ensure older patients had annual reviews which included a review of medication by a pharmacist, clinical care and advanced care planning and discussion of 'Do Not Resuscitate' decisions.
- Nationally reported data for 2016/2017 showed that outcomes were good for conditions commonly found in older people. For example, performance for heart failure indicators was 100%; compared to the local CCG average of 96% and the England average of 98%.

People with long term conditions

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

Good



- 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 2016/2017 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients with diabetes, on the register, in whom the last IFCHbA1c was 64 mmol/mol or less in the preceding 12 months, was 94%. This was above the local CCG average of 83% and England average of 79%.
- The Community Diabetes Specialist Nurse provided clinics at the practice to support staff in the management of patients with complex diabetes.
- Longer appointments and home visits were available when needed.

Summary of findings

- Patients with LTCs had a named GP and a structured annual review to check that their health and medicines needs were being met. A pharmacist was supporting the practice staff with the review of patients medication at their annual reviews.
- For those patients with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Practice nurses visited patients at home to do long term conditions reviews and administer flu vaccinations during the flu season.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances or who failed to attend hospital appointments.
- Data from 2016/2017 showed childhood immunisation rates were high: for example, for immunisations given to children aged two the practice was achieving above the national expected coverage of 90% for vaccinations for the four indicators reviewed.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- Nationally reported data from 2016/2017 showed the practice's uptake for the cervical screening programme was 82%. This was comparable to the local CCG average of 84% and the England average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Joint appointments were available for the post-natal mother and baby checks.
- We saw good examples of joint working with midwives, health visitors and school nurses.

The practice monitored any non-attendance of babies and children at vaccination clinics. The practice nurses contacted the parents of children who did not attend for vaccinations and worked with the health visiting service to follow up any concerns.

Good



Summary of findings

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.
- Telephone consultations were available every day with a call back appointment arranged at a time to suit the patient, for example during their lunch break.
- 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.

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 registers of patients living in vulnerable circumstances which included those with a learning disability.
- The practice offered longer appointments for people with a learning disability.
- Nursing staff used easy read leaflets to assist patients with learning disabilities to understand their treatment.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice 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.
- Telephone interpretation services were available.

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).

- Nationally reported data from 2016/2017 showed 93% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was above the local CCG average of 85% and England average of 84%.

Summary of findings

- The practice carried out advanced care planning for patients with dementia.
- Nationally reported data from 2016/2017 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 91%. This was comparable to the local CCG average of 92% and the England average of 91%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice sign posted patients experiencing poor mental health to various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- The practice sign posted patients requiring support with drug and/or alcohol problems to counselling and support services.

Summary of findings

What people who use the service say

The National GP patient survey results published on 7 July 2017 showed 227 survey forms were distributed for Practice 1 and 109 forms were returned, a response rate of 48%. This represented 2% of the practice's patient list. The practice was performing more than 10% above the local CCG and national average for three of the 23 questions, similar to or above the local CCG and national average for 19 of the 23 questions and below the local CCG and national average for one question. For example:

- 88% found it easy to get through to this surgery by phone compared with the local CCG average of 67% and national average of 71%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared with the local CCG average of 86% and national average of 84%.
- 78% usually got to see or speak to their preferred GP compared with the local CCG average of 60% and national average of 56%.
- 85% described the overall experience of their GP surgery as good compared with the local CCG average of 88% and national average of 85%.
- 85% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 82% and national average of 77%.

- 53% usually wait 15 minutes or less after their appointment time to be seen compared to the local CCG average of 66% and national average of 64%.
- 89% said they found the receptionists at the practice helpful compared to the local CCG average and national average of 87%.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit and questionnaires to be completed during the inspection. We received three completed comment cards and eight questionnaires; we also spoke to one member of the patient participation group. Feedback was positive about the standard of care received. Patients commented that staff were helpful, friendly, listened to them and treated them with dignity and respect. Three patients said that appointments did not always run to time and they were not always informed if the GP or nurse was running late. The self-check in screen did tell patients how many patients were in front of them.

Feedback on the comments cards and the patient questionnaires reflected the results of the national survey. Patients were satisfied with the care and treatment received.

Areas for improvement

Action the service **SHOULD** take to improve

- Include review dates, actions required and who was responsible for ensuring actions were completed in significant events analysis (SEA) and complaint investigations.
- Monitor the use of smartcards to confirm staff were following national guidance.
- Monitor that recruitment checks are carried out in line with the practice policy.
- Review the clinical audit programme to support the planning and completion of audit and quality monitoring cycles.
- Improve the system for identifying carers.

Practice 1, Medical Centre, Bridlington

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a second CQC Inspector and a GP Specialist Advisor.

Background to Practice 1, Medical Centre, Bridlington

Practice 1, Medical Centre, Station Avenue, Bridlington is located in a Medical Centre and shares the building with two other GP practices. It is close to the town centre, the train station and local bus routes. Parking is available at the practice and on the street outside the practice, there are accessible facilities. Consulting and treatment rooms are all on the ground floor. The practice provides services under a Personal Medical Services (PMS) contract with the NHS North Yorkshire and Humber Area Team to the practice population of 5962, covering patients of all ages.

The proportion of the practice population in the 65 + and 75+ years and over age group is similar to the local CCG average and higher than the England average. In the 85+ age group the practice is similar to the local CCG and England average. The practice population in the under 18 years age group is similar to the local CCG and England average. The practice scored three on the deprivation measurement scale, 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 practice has two GP Partners, both male and both work eight sessions per week. There is a female advanced nurse practitioner who works four days a week. There are three practice nurses and two health care assistants (HCA), all female and all work part time. There is a practice manager, a deputy practice manager and a team of administration, reception and secretarial staff.

The practice is open between 8.30am to 6pm Monday to Friday; telephone lines are open from 8am. Appointments with the GPs are available from 8.30am to 11am and 3pm to 5.20pm Monday to Friday. Appointments with the advanced nurse practitioner are available from 8.30am to 10.10am on Monday, 9am to 10.40am Wednesday to Friday and 3pm to 4.40pm Monday, Wednesday and Thursday and 12.50pm to 2.30pm on Friday.

The practice, along with all other practices in the East Riding of Yorkshire CCG area have a contractual agreement for the Out of Hours provider to provide OOHs services from 6.00pm on weeknights. This has been agreed with the NHS England area team.

The practice has opted out of providing out of hours services (OOHs) for their patients. 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 and on the practice website.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out an announced

Detailed findings

inspection to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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 look 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, including the local CCG and NHS England to share what they knew. We reviewed policies, procedures and other information the practice provided before and during the inspection. We carried out an announced visit on the 20 October 2017. During our visit we:

- Spoke with a range of staff including one GP, the advanced nurse practitioner, a practice nurse and a health care assistant. We also spoke with the practice manager, the deputy practice manager and administration, secretarial and reception staff. .
- Reviewed questionnaires from non-clinical staff that they completed and returned to CQC prior to the inspection.
- Received completed questionnaires from eight patients who used the service and spoke with one member of the patient participation group.
- Reviewed three comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how staff spoke to, and interacted with patients when they were in the in the reception area and on the telephone.

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

Are services safe?

Our findings

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of documented examples we reviewed we found that when things went wrong patients were informed as soon as practicable, received an apology and were told about actions taken to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. There was an incident and significant event log. However this did not include actions required, who was responsible for ensuring actions were completed, review dates or themes to identify trends to enable them to evaluate if action taken had been effective.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after a patient was given two flu vaccinations all staff were reminded that they should check patients records thoroughly to ensure a vaccination has not already been given before administering a flu vaccination.

Overview of safety systems and processes

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

- 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 GPs and advanced nurse practitioner were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- 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 and they had completed additional training for the role. They liaised with the local CCG infection prevention team to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken by an external organisation and we saw evidence that action was taken to address any improvements identified as a result. Rooms and equipment were cleaned however this was not documented and there was no records of carpets being cleaned at required intervals. We saw some carpets had old stains present but did not observe any malodour or see any dirty carpets.

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).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group

Are services safe?

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.

- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff and the Pharmacist for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions (PSDs) from a prescriber were produced appropriately. (PGDs and PSDs are written instructions that have been produced in line with legal requirements and national guidance and contain specific criteria that nurses and HCAs must follow when administering certain medicines).

Staff areas and consulting rooms were locked when not in use and staff told us how they kept patient records secure. However we observed on three occasions during the inspection that staff had left their smart cards in keyboards when they were not at their desk (smart cards are used to ensure that patient records are only accessed by authorised people and any entries made in records can be attributed to individual staff). The practice manager wrote to us the day after the inspection to say that they had already taken action and were speaking to all staff about their smartcard use; we saw evidence that these discussions had taken place.

We reviewed three personnel file and found that in two files appropriate recruitment checks had been undertaken prior to employment. For example, 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 Disclosure and Barring Service. However in one file there were no references and no record that a DBS check had been carried out. We also saw that three of the four DBS checks that had been completed for the nursing team were not received before the staff commenced employment.

Monitoring risks to patients

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

- There was a building manager and a caretaker who were responsible for undertaking required premises checks for the practice, for example fire systems maintenance, fire drills and risk assessments, health and safety monitoring and environmental checks. The practice manager was informed of any issues.
- There was a health and safety policy available and a poster with details of responsible people.
- A fire risk assessment had been completed in August 2016 and a fire drill had been carried out in October 2017. The caretaker was aware that the fire risk assessment was overdue. Staff had completed fire safety training and were aware of what action to take in the event of a fire.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use was in good working order.
- A variety of other risk assessments were in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for the different staff groups to ensure that enough staff were on duty. Staff told us they provided cover for sickness and holidays and a local retired GP provided locum cover 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.
- Staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- There was a first aid kit and accident book available.

Are services safe?

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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 had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected 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). The most recent published results for 2016/2017 showed the practice achieved 100% of the total number of points available compared to the local CCG average of 97% and national average of 95%. The practice had 15% exception reporting, this was comparable to the local CCG 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 2016/2017 showed;

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 89%. This was above the local CCG average of 81% and the England average of 80%.
- The percentage of patients with diabetes, on the register, in whom the last IFCHbA1c is 64 mmol/mol or less in the preceding 12 months was 94%. This was above the local CCG average of 83% and England average of 79%.

- The percentage of patients with asthma, who had had an asthma review in the preceding 12 months that included an assessment of asthma control, was 91%. This was above the local CCG average of 77% and England average of 76%.
- 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 93%. This was comparable to the local CCG and England average of 90%.
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the preceding 12 months was 93%. This was above the local CCG average of 85% and England average of 84%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits commenced in the last two years, two 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 identify patients who were at risk of developing diabetes. The audit identified 400 patients who were at risk and they were then placed on a recall list. The patients were given advice about how to reduce their risk of developing diabetes which included diet, lifestyle, smoking and exercise.
- The practice was taking part in the National Diabetes Audit. The practice was asking its patients with diabetes to volunteer to take part in the audit which was a national project about diabetes care and treatment in the NHS.
- The practice had also undertaken quality monitoring, for example in response to medicines alerts and the prescribing of antibiotics. There was no structured audit and quality monitoring plan which would facilitate the recording of relevant information, for example, dates, people completing the audit, rationale, action plans and next audit/monitoring date.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- 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. Nursing staff had completed training in diabetes, heart failure and respiratory disease. Staff told us that they were given opportunities to attend training if needed, for example one of the practice nurses had recently completed the Masters in Advanced Practice degree.
- 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 appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during staff meetings, 1:1s, appraisals, peer supervision and support for the revalidation of the GPs and nurses.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Not all staff were up to date with mandatory training however the provider was aware of this and training dates had been planned.

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.

- 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 people were referred to other services.
- The practice checked that all two week wait urgent referrals had been received by the relevant service and patients had attended their appointments. Two week wait referral letters contained appropriate and relevant information; however the sample of consultation notes we viewed in the patient record system were brief and did not contain all necessary information.

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 on-going care and treatment. This included when people 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 with other health care professionals monthly 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 (MCA) 2005. The GPs had completed MCA and Deprivation of Liberty training and the nursing staff were due to complete it in November 2017.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Are services effective?

(for example, treatment is effective)

- Staff sought patients' consent to care and treatment in line with legislation and guidance. The practice carried out audits of minor surgery procedures however the process for seeking consent and follow up of specimen results was not included as part of the audit.

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 in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those with mental health problems.
- The practice referred and sign posted patients who needed support for alcohol or drug problems to local counselling services.
- There were a variety of health promotion information leaflets available in the waiting area for patients to access.

The practice's uptake for the cervical screening programme in 2016/2017 was 82%. This was comparable to the local CCG average of 84% and the England average of 81%. The practice sent written reminders to 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 easy read leaflets to assist patients with learning disabilities to understand the procedure. They ensured a female sample taker was available. There were

failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The third letter that was sent to patients who did not attend was sent on red paper to reiterate to the patient the importance of attending.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Posters and information on screening were available in the waiting room.

Data from 2016/2017 for childhood immunisation rates showed for children up to aged two the practice was achieving above the national expected coverage of 90% for vaccinations for the four indicators reviewed. Immunisation rates were above the England average.

Patients had access to appropriate health assessments and checks. These included health checks for new patients at the practice and NHS health checks for people aged 40–74 through the local health trainers. Nationally reported data from 2016/2017 showed the percentage of patients aged 45 or over who had a record of blood pressure in the preceding five years was 92%, this was comparable to the local CCG and England average of 91%.

The practice was encouraging patients to use the self-check BP machine in the waiting area and then hand the result to the receptionist so it could be placed in their record. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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.
- All the reception and administration staff had completed customer care training.
- Patients could be treated by a clinician of the same sex.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit and questionnaires to be completed during the inspection. We received feedback from 11 patients including one member of the patient participation group. The feedback was positive about the standard of care received. Patients commented that staff were helpful, friendly, listened to them, provided support when required and treated them with dignity and respect.

The national GP patient survey published in July 2017 showed results were positive in relation to patient's satisfaction with how they were cared for by staff. Results were comparable to the local CCG and national average for GPs, nurses and receptionists. For example:

- 87% said the last GP they saw was good at giving them enough time compared to the local CCG average of 89% and national average of 86%.
- 83% said the last GP they saw was good at listening to them compared to the local CCG average of 90% and national average of 89%.
- 84% said the last GP they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 88% and national average of 86%.

- 95% said they had confidence and trust in the last GP they saw or spoke to compared to the local CCG average of 97% and national average of 95%.
- 95% said the last nurse they saw or spoke to was good at giving them enough time compared to the local CCG average of 94% and national average of 92%.
- 93% said the last nurse they saw or spoke to was good at listening to them compared to the local CCG average of 94% and national average of 91%.
- 91% said the last nurse they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 93% and national average of 91%.
- 97% said they had confidence and trust in the last nurse they saw or spoke to compared to the local CCG average of 98% and national average of 97%.
- 89% said they found the receptionists at the practice helpful compared to the local CCG average and national average of 87%.

The feedback we received during the inspection supported the GP national survey results.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards and questionnaires we received 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.

Results from the national GP patient survey published in July 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to or slightly below the local CCG and national average for questions about GPs and nurses. For example:

- 85% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 88% and national average of 86%.
- 77% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 84% and national average of 82%.

Are services caring?

- 93% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 92% and national average of 90%.
- 92% said the last nurse they saw or spoke to 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 translation services were available for patients who did not have English as a first language, however there was no poster in the reception or waiting area informing patients this was available.
- Information leaflets in easy read format could be accessed by staff from the internet.
- 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 staff if a patient was also a carer. The practice had identified 14 patients as carers (0.2% of the practice list). Staff sign posted carers to local services for support and advice and written information was available about the various avenues of support available to carers. There was a 'Carer Registration and Referral Form' available in the waiting area. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, their usual GP contacted them and the practice sent a letter expressing sympathy and a bereavement leaflet advising them how they could access support. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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:

- There were longer appointments available for people with a learning disability and those experiencing mental health issues. There was a flexible approach to where annual reviews for patients with learning disabilities took place, in the patient's home or at the surgery thus reducing stress.
- Appointments and prescriptions could be made and ordered 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.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice sent text messages to remind patients of appointments and provide test results.
- There were accessible facilities, a hearing loop and interpretation services available.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Practice nurses visited patients at home to do long term conditions reviews and administer flu vaccinations during the flu season.
- The practice hosted a Dementia Advisory Service by the Alzheimer Society and the East Riding Voluntary Advisory Service which provided support for carers.
- The Community Diabetes Nurse Specialist provided clinics at the practice. This reduced the need for patients to travel to hospital and supported practice staff in the management of patients with complex diabetes.
- A retinal screening service was provided at the practice.
- Patients were able to receive travel vaccinations available on the NHS and the practice referred patients to services for those not available on the NHS.
- The practice identified their patients who were at high risk of attending accident and emergency or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admissions or A&E attendances.

- There was a named nurse for each care home and a direct telephone line for care home staff to use to contact the practice for advice and queries.
- There was a dedicated Pharmacist to support medication reviews and assist in the annual reviews of older patients, those with long term conditions and patients living with mental health conditions.
- The practice worked with the community care Elderly care Consultant and community teams to ensure older patients had annual reviews which included a review of medication by a pharmacist, clinical care and advanced care planning and discussion of 'Do Not Resuscitate' decisions.

Access to the service

The practice was open between 8.30am to 6pm Monday to Friday; telephone lines were open from 8am. Appointments with the GPs were available from 8.30am to 11am and 3pm to 5.20pm Monday to Friday. Appointments with the advanced nurse practitioner were available from 8.30am to 10.10am on Monday, 9am to 10.40am Wednesday to Friday and 3pm to 4.40pm Monday, Wednesday and Thursday and 12.50pm to 2.30pm on Friday.

The practice, along with all other practices in the East Riding of Yorkshire CCG area had a contractual agreement for the Out of Hours provider to provide OOHs services from 6.00pm on weeknights. This had been agreed with the NHS England area team.

Pre-bookable appointments could be booked up to four weeks in advance. If patients needed to be seen urgently they would be provided with an appointment that day.

Information about the opening times was available in the waiting area and on the practice website.

Results from the national GP patient survey published in July 2017 showed that patient's satisfaction with the service and how they could access care and treatment was positive.

The practice results were more than 10% above the local CCG and national average for two of the six questions. For example:

- 80% of patients were satisfied with the practice's opening hours compared to the local CCG average of 75% and national average of 76%.

Are services responsive to people's needs?

(for example, to feedback?)

- 88% found it easy to get through to this surgery by phone compared to the local CCG average of 67% and national average of 71%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 86% and national average of 84%.
- 87% of patients described their experience of making an appointment as good compared to the local CCG and national average of 73%.
- 85% described the overall experience of their GP surgery as good compared to the local CCG average of 88% and national average of 85%.
- 85% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 82% and national average of 77%.

We received feedback from eleven patients during the inspection, including one member of the patient participation group.

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

The practice had a system in place 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 then assessed by a 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 in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system on the practice website and in the complaints and patient information leaflets which were available in the waiting room. However complaints forms were not available for patients to take away, they were advised to request forms from reception staff.

We looked at four complaints that had been received in the last 12 months and found they had been dealt with in a timely way and the practice had been open and transparent when reviewing them. However it was not always clear how lessons learned were shared with staff and there was no record of whether patients were satisfied with the outcome of investigations.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- Practice staff were able to describe its values and what they were aiming to achieve however this was not displayed anywhere in the practice or on the practice website.
- The practice had a strategy for the following 12 months regarding how they would continue to deliver their vision but this was not documented.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held regularly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit and monitoring was used to monitor quality and to make improvements. There was no structured audit and quality monitoring plan which would facilitate the decisions about which audits to carry out each year.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the GPs and practice managers 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 GPs and practice managers were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place 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). The GPs and practice manager encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- Patients affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice kept records of written correspondence and verbal communication.

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 and health visitors.
- Staff told us the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, by the GPs and the practice managers. They described the relationship between staff as good and said all staff worked well as a team.
- All staff were involved in discussions about how to run and develop the practice. The GPs and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Nursing staff and HCAs had protected time each week to carry out non clinical tasks, for example stock checking and ordering.

Are services well-led?

Good 

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

- The GPs, practice manager and assistant practice manager had attended an away day with a Management Consultant to look at how they could develop the practice team. The Advanced Nurse Practitioner role had been introduced to improve access to appointments.

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

The practice encouraged and valued feedback from patients and staff. There was information about the PPG on the notice board in the waiting area. This encouraged new members to join. It proactively sought feedback from:

- patients, through the Patient Participation Group (PPG) and through surveys and complaints received. We saw that the practice was encouraging patients to become members of the PPG. The PPG communicated regularly with the practice and submitted proposals for improvements to the practice management team. For example, following suggestions from the PPG the text messaging service was introduced to remind patients of appointments and provide test results.
- the NHS Friends and Family test, complaints and compliments received.
- staff through staff meetings, appraisals and discussion. 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.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team were forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had introduced a Workflow Redirection system for dealing with letters and test results. Administration staff had been trained to review letters and test results then take the most appropriate action, for example file them in patient records, mark them for the GP or Advanced Nurse Practitioners (ANP) attention for awareness or mark them for action by the GP or ANP. This was voted the best idea to address the 'War on Workload' by a national primary care journal.

The practice had audited the process to ensure it was safe and there was continuous monitoring whereby if the GPs, nurses or administration staff noticed any letter of which they had a concern this was raised immediately with the Document Management Team. This demonstrated that there had been no major errors since the system was introduced in 2015. One of the GPs had visited other practices in the CCG area to demonstrate the Workflow Redirection system so they could release clinical staff time to facilitate more appointments being available.