Manor House Surgery - Bridlington

Quality Report

Providence Place
Bridlington
Tel: 01262 602661
Website: www.manorhousesurgery.com

Date of inspection visit: 9 June 2015
Date of publication: 29/10/2015

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

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. There were sufficient numbers of staff with an appropriate skill mix to keep patients safe. Appropriate recruitment checks had been carried out on staff.

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 (NICE) 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 and there were systems in place to ensure appropriate information was shared.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect and maintained confidentiality. Data from the National GP Patient Survey showed that patients rated the practice as slightly above others for several aspects of care compared to local and national averages.

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 worked to improve services to patients. Patients said they could make an appointment with a named GP and that there was continuity of care. Urgent appointments were available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Summary of findings

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.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity. 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 and had an active Patient Participation Group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice was aware of future challenges and was working towards meeting these.

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 including for dementia. The practice offered home visits and usual doctor appointments to improve continuity of care.

The practice had regular contact with community nurses and participated in meetings with other healthcare professionals to discuss any concerns.

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. The practice was taking part in an initiative to run dedicated clinics for patients with two or more long term conditions and included; a pharmacy review, a patient social and health needs self-assessment, blood tests and a GP review of the notes prior to the appointment. The nurse would then undertake a comprehensive review with the patient.

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. The practice also identified patients who had visited the Accident and Emergency department and reviewed the reasons why to try to minimise further attendances.

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. Immunisation rates were good 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. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

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 this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered access to a GP by telephone if needed. 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.

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 those with a learning disability and carried out annual health checks for people in this group. Longer appointments or home visits were available for people with a learning disability.

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 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. The practice was part of a CCG scheme to provide detailed screening for patients deemed to be at risk of dementia.

Staff had received training on how to care for people with mental health needs and dementia and had named clinicians who dealt with reviews of patients with dementia or other mental health problems.

Summary of findings

What people who use the service say

In the NHS England GP Patient Survey of 127 responses, 96.3% of patients had trust and confidence in the last GP they saw or spoke to, while 90.6% said their GP was good at treating them with care and concern. 93.5% said that the last nurse they spoke to was good at listening to them. 87.9% of respondents found the receptionists to be helpful. These results were all above the Clinical Commissioning Group (CCG) and England averages.

Results which were below average included 43.7% of patients who said that the usually waited 15 minutes or less for an appointment and 50.2% of patients found it easy to get through to the surgery by phone.

We spoke to two members of the Patient Participation Group (PPG) and five patients as part of the inspection. We also collected 35 Care Quality Commission (CQC) comment cards which were sent to the practice before the inspection, for patients to complete.

All the patients we spoke to and the comment cards indicated they were highly satisfied with the service provided. Patients said they were treated with dignity and respect and that staff were professional, friendly and caring. Patients said that their needs were responded to and they received the care that they needed. Patients said they were treated as individuals and involved in their care.

Areas for improvement

Manor House Surgery - Bridlington

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor and a Practice Manager.

Background to Manor House Surgery - Bridlington

Manor House Surgery provides General Medical Services to approximately 8,500 patients living in Bridlington and surrounding villages, including Flamborough, Rudston and Barmston. Services are provided from the main surgery at Providence Place, Bridlington and also from a smaller branch surgery at Chapel Street, Flamborough. We inspected the Bridlington location as part of the process. GPs work across both sites, however only patients living in Flamborough can attend the surgery there.

There are six GP partners, four male and two female which ensures that patients can be seen by a male or female GP as they choose. There are three practice nurses and two healthcare assistants. They are supported by a team of management, reception and administrative staff. The practice is accredited as a training practice and supports medical students.

The practice is in a comparatively deprived area and has a higher than average number of patients with long standing health conditions and patients in receipt of Disability Allowance. The practice also has almost double the average number of patients over the age of 65.

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 to Friday. 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 carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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.

Detailed findings

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).

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. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We carried out an announced inspection on 9 June 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

There was a system in place for reporting and recording significant events. Staff and the GPs we spoke to were aware of incident reporting procedures. They knew how to access the forms and felt encouraged to report incidents. All complaints received by the practice were recorded and reviewed to identify areas for improvement, for example ensuring staff undertook refresher training on the Data protection Act after a patient's medical history was discussed with her in front of her husband. The practice recorded and analysed significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medication management and staffing.

There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies were accessible on the computer system 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 demonstrated they understood their responsibilities and all had received training relevant to their role.

A notice was displayed in the waiting room, advising patients that a chaperone could be provided if they wanted one. The nurses would act as chaperones, if required and had received relevant training. All staff who acted as chaperones had received a disclosure and barring check (DBS). These 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.

There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.

Appropriate standards of cleanliness and hygiene were followed. The practice nurse was the clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. All staff were aware of who the lead was. There was an infection control policy protocol in place. The practice undertook regular infection control audits and any changes required were identified and recorded on an action plan which was reviewed quarterly. The practice had also been audited by the infection control team from the local hospital. The practice had carried out Legionella risk assessments.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescriptions were securely stored and all were signed by a GP before the prescription was issued.

Recruitment checks were carried out and the three files we sampled showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and administration staff bi annually. There were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Staff knew where they could access this information.

Good

Are services safe?

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and 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.

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. Consent forms for surgical procedures were used and scanned in to the medical records.

Protecting and improving patient health

All patients joining the surgery were allocated a named GP and an appointment was made for a consultation with a health care assistant. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Advice was also available on stopping smoking, alcohol consumption and weight management. Nurses used chronic disease management clinics to promote healthy living and health prevention in relation to the person's condition. The practice was also taking part in an initiative to run dedicated clinics for people with long term conditions. The clinics were for patients with two or more long term conditions and included; a pharmacy review, a patient social and health needs self-assessment, blood tests and a GP review of the notes prior to the appointment. The nurse would then undertake a comprehensive review with the patient.

The practice's uptake for the cervical screening programme was 83.6%, which was higher than the national average of 81.8%. The practice gave reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG and National averages. Flu vaccination rates for the over 65s were 72.1%, which was in line with the national average.

Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. 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.

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. For example regular meetings were held to discuss the needs and treatment strategies of patients with long term conditions and those with palliative care needs. These were attended by other professionals including district nurses and community matrons and care plans were routinely reviewed and updated.

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.

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.

Clinical audits were carried out 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

Good

Are services effective?

(for example, treatment is effective)

where the improvements made were checked and monitored. This included an audit of the patients who were taking eplenerone to improve their renal function. The initial audit showed that only one patient in 20 had had the full blood tests. Following a change in the prescribing system to provide a prompt for blood test to be undertaken 70% of the patients were having the tests. Plans were in place to repeat the audit in December 2015.

Effective staffing

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

The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.

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 ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision, and facilitation and support for the revalidation of doctors. Details of mandatory and non-mandatory training where recorded and reviewed during appraisal. All GPs were up to date with their appraisals and all other staff had had an appraisal within the last 12 months.

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

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. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations that took place in these rooms could not be overheard

All of the 35 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 caring and treated them with dignity and respect. We also spoke with two members of the 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.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access support groups and organisations. The practice's computer system notified GPs if a patient was also a carer. There was a carer's register and those identified as carers were being supported, for example, by offering health checks.

Data, showing how people felt they were treated by the practice, from the National GP Patient Survey showed from 127 responses that performance was above or in line with local and national averages. This included:

- 80.6% said the last GP they saw was good at treating them with care and concern, compared to the CCG average of 88.9% and national average of 85.1%.
- 93.5% said the last GP they saw was good at listening to them compared to the CCG average of 89.7% and national average of 86.8%.
- 99.4% said they had confidence in the last nurse they saw or spoke to compared to the CCG average of 98.3% and national average of 97.2%.
- 87.9% of patients found reception staff helpful compared to the CCG average of 87.6**% and national** average of **86.9%.**

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection 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.

Data from the National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 89.7% 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 86.3%.
- 93% said the last nurse they saw was good at treating them with care and concern, compared to the CCG average of 92.5% and national average of 90.4%.

90.3% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85.2% and national average of 81.5%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice worked to improve outcomes for patients in the area. For example**,** the practice had improved access for patients in care homes by taking part in the CCG initiative to provide a rapid response nurse to undertake urgent visits. The practice also reviewed all Accident and Emergency attendances and admissions to identify any recurring themes.

There was an active PPG which met on a regular basis, carried out patient surveys and worked with the practice management team to improve services for patients. This included the review of the appointments system and included when patient's did not attend for their appointment. The practice also acted on their patients concerns, raised through their complaints policy.
This review led to the to introduce a "turbo clinic" on a Monday morning. This clinic had no pre-bookable appointments, patients had to telephone in on the Monday morning and would be given a time to attend.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice offered a daily telephone triage with the patient's own GP if an appointment was not available.
- There were longer appointments available for people with a learning disability.
- Home visits were available for housebound patients where appropriate.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities available.
- The practice was part of a CCG scheme to undertake more in depth screening of patients deemed as at risk of dementia.

Access to the service

Results from the National GP Patient Survey showed that patient's satisfaction with opening hours was 73.3% compared to the CCG average of 73.2% and national average of 75.7%.

The practice provided appointments at the Bridlington surgery between 8.30am to 5.30pm Monday to Friday and urgent appointments were also available. The practice also ran the turbo surgery on a Monday morning. The GPs and nurse also attended the Flamborough surgery on a rota basis from 2:00pm on Tuesday to Friday. No appointments could be made for the Flamborough surgery with patients seen on a first come first served basis.

Wherever possible the practice tried to give patients appointments with their usual GP as they felt this provided the best continuity of care.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room, on the website and in the practice leaflet. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at complaints received in the last 12 months and found that they were dealt with in a timely and appropriate way and had been responded to with a full explanation and apology.

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 help reduce pain and suffering in the community. A key element of this was to ensure the continuity of care for patients, with a specific GP or nurse, as far as possible. Staff knew and understood the values.

Governance arrangements

The practice had a governance policy which outlined structures and procedures to be followed. Governance systems in the practice were underpinned by a clear staffing structure and a staff awareness of their own roles and responsibilities.

- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.

The practice was aware of the challenges it would face in the future in terms of both the recruitment and retention of management and clinical staff and the increasing needs of an ageing population. The practice was a partner in Brid-Inc, which was a group of five practices in Bridlington who were working together to review the provision of primary medical services in Bridlington over the next three years. The work included developing an integrated care approach for patients over 75's, which involved primary care, hospital care, community services and social services.