

Story street medical practice and walk in centre

Quality Report

Wilberforce Health Centre

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Hull

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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 Story Street Medical Practice and Walk-in Centre on 20 April 2016. Overall 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 an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Some patients said they found it difficult to make an appointment with a named GP however, urgent appointments were available the same day via the walk-in service.
- 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. This means providers must be open and transparent with service users about their care and treatment, including when it goes wrong.

The areas where the provider should make improvement are:

- The procedure for ensuring all alerts are read by all relevant staff should be re-enforced.
- The process for reviewing patient's results/notes where they have attended health services 'out of hours' should be implemented.

Summary of findings

- Ensure timings between multi-disciplinary team meetings are reviewed. .
- Ensure patients who are attending the 'walk-in' service are made aware of the waiting times to see a clinician and also told of any potential delay.
- Although patient feedback is being sort in other ways the practice should explore ways of introducing and implementing a patient participation group (PPG) to drive improvement through further suggestions from a patient perspective.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed some patient outcomes were below the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice lower than others for some aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked with the CCG and the community professionals to identify patients who were at high risk of attending accident and emergency or having an unplanned admission to hospital.
- Some patients said they found it difficult to make an appointment with a named GP.
- Urgent appointments were available the same day at the walk-in centre. However, some patients told us they had a long wait and were not always told of the delay.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. However, the procedure for ensuring all alerts were read by staff was not always followed.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice did not have an active patient participation group (PPG).

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The premises were accessible for patients with limited mobility.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were generally good. However, performance for diabetes related indicators was 80%; which was below the CCG average of 89% and below the national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The process for repeat prescription was appropriate and ensured patients were reviewed by a GP when required.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 92%, which was better than the CCG average of 82% and better than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Joint working with external organisations took place in the management of patients at risk of abuse or harm.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- Nationally reported data from 2014/2015 showed 100% of people diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was better than the CCG average of 85% and better than the national average of 84%.
- Nationally reported data from 2014/2015 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 100%. This was better than the CCG average of 88% and the same as the national average. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 383 survey forms were distributed and 88 were returned. This represented 6% of the practice's patient list. The results were above or below local CCG and national averages, for example:

- 88% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 81% and a national average of 85%.
- 99% said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 69% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.
- 87% describe their experience of making an appointment as good compared to a CCG average of 71% and a national average of 73%.
- 59% usually wait 15 minutes or less after their appointment time to be seen compared to a CCG average of 70% and a national average of 65%.

We spoke to the Service Manager about the below performance data and they told us that the practice had implemented a number of measures to deal with the lower scoring data. For example; peer reviews of patient consultations were completed monthly and scores were given in relation to the information recorded in the consultation. This was then fed back to the GPs concerned. The term (Service Manager) relates to the practice manager for the service.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received.

We reviewed 12 patient questionnaires handed out throughout the inspection. All 12 patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients said staff were polite and helpful and treated them with dignity and respect. Patients described the service as excellent and very good and said the staff were friendly, caring and listened to them.

13 people had completed the Friends and Family Test (FFT) in the last month. 92% were extremely likely to recommend the practice. The practice also sent out 445 text messages to patients who used the walk-in centre during April asking for their feedback and no replies were received.

Areas for improvement

Action the service SHOULD take to improve

- The procedure for ensuring all alerts are read by all relevant staff should be re-enforced.
- The process for reviewing patient's results/notes where they have attended health services 'out of hours' should be implemented.
- Ensure timings between multi-disciplinary team meetings are reviewed. .
- Ensure patients who are attending the 'walk-in' service are made aware of the waiting times to see a clinician and also told of any potential delay.
- Although patient feedback is being sort in other ways the practice should explore ways of introducing and implementing a patient participation group (PPG) to drive improvement through further suggestions from a patient perspective.

Story street medical practice and walk in centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist advisor.

Background to Story street medical practice and walk in centre

Please note that when referring to information throughout this report, for example any reference to population groups, this relates to only the patients registered at the practice.

Story Street Medical Practice and Walk-in Centre is situated in the centre of the City of Hull and provides services under an Alternative Provider Medical Services (APMS) contract with NHS England, Hull Area Team to the practice population list of 1,482, covering patients of all ages. The practice is part of a larger group, Virgin Care services, that is led by a senior regional operations team.

The practice has two locum GPs one male and one female. There is one practice nurse and one locum advance nurse practitioner. There is a Service Manager, an administration lead and reception staff.

The practice is open between 8am to 8pm Monday to Sunday. Appointments are from 8am to 8pm every day. Additionally the walk-in centre is open to all non-registered (and registered) patients 8am to 8pm seven days a week

365 days a year and in the last year, the practice has seen over 33,000 walk-in patients to provide care and support. A separate waiting area for patients that were currently registered with the practice was in place to ensure staff knew which patients were waiting in the walk-in centre. The walk-in centre provides care for minor ailments only.

The practice, along with all other practices in the Hull CCG area have a contractual agreement for NHS 111 service to provide Out of Hours (OOHs) services from 8pm. This has been agreed with the NHS England area team. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

The proportion of the practice population in the 15-44 years age group is significantly higher than the England average. 60% of patients fall within this age group. Approx. 3% of the practice population is over 75. The practice scored one on the deprivation measurement scale, which is the first lowest deprived decile. People living in more deprived areas tend to have greater need for health services. The overall practice deprivation score is higher than the England average, the practice is 47 and the England average is 26. It is also in the fifth most deprived area of England.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 April 2016.

During our visit we:

- Spoke with a range of staff including two GPs and one practice nurse. We also spoke with the Service Manager and two receptionists.
- Reviewed 12 patient questionnaires who had used the service for both walk-in and registered patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

The practice recorded all incidents on a central electronic system which allowed incidents and safety information to be reviewed at a regional level which was shared across other services in the organisation. The regional reviews initiated process driven improvements for example, a safeguarding incident triggered a review of the safeguarding policy on a group wide basis.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. For example, concerns were raised over the checks of emergency medication and responsibility for checking these on a defined basis. Lessons were shared to make sure action was taken to improve safety in the practice. Although all alerts were routinely followed up by the Service Manager, the procedure where GPs needed to sign to acknowledge they had read the alerts was not always followed. We discussed this with the Service Manager and they assured us that they would re-enforce this protocol immediately to ensure staff were aware of their responsibilities.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures were accessible to all staff. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3. There were arrangements in place to safeguard women and children who were at risk of Female Genital Mutilation (FGM). Clinical staff had received training in identifying FGM and we saw information posters in the practice alerting patients to the risks of FGM. The practice did not have any recorded incidents of FGM.
- Information telling patients that they could ask for a chaperone was visible in the reception area. Nursing staff acted as chaperones and understood their responsibilities, including where to stand to be able to observe the examination. Nursing staff had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse practitioner was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. Infection control monitoring was undertaken throughout the year and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Staff were aware of the challenges of patients attempting to seek medication by deception in order to obtain them inappropriately. The practice did not prescribe controlled medication and they did not provide repeat medication to walk-in patients. Patients were advised to seek advice from their registered GP or other organisations such as a pharmacy or 111 service.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular 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 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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for

all the different staffing groups to ensure that enough staff were on duty. Staff we spoke with told us they provided cover for sickness and holidays and further locums were engaged when required.

- The practice had arrangements in place to identify patients that presented themselves at the walk-in centre with 'red-flag' ailments. Red-flag ailments are those that could be deteriorating health situations for example chest pains, shortness of breath and children's health problems. The practice had a basic protocol developed by the clinical governance team and implemented by the practice that identified 'red-flag' situations and all staff were aware of it. Staff also told us that the reception area and waiting position of the practice was set up in such a way that staff and clinicians were able to keep a 'watching brief' of patients that showed signs of deterioration. We observed this throughout the course of our inspection and saw that it was working effectively
- We saw that the walk-in centre had a system in place for patients presenting themselves that were unwell. New walk-in patients indicated their current health status on their registration form. We saw posters directing these patients to speak to the reception staff in the first instance if patient's health started to deteriorate. The practice also had a CCTV system in place as a secondary security measure and staff could also use this as an alternative means of keeping a watching brief on patient's health status. Clinicians came out of their consultation room approximately every 15 minutes to call their next patient. They also used this as a mechanism to keep an additional view of patients whose health was appearing to deteriorate. We saw this in practice during the course of our inspection.
- The practice had a system in place to ensure appropriate clinical staff and GPs were available to provide cover during the walk-in centre opening times. In the event of clinical staff being absent there were procedures in place to request support from an alternative supplier and the Regional Clinical Lead was also available to provide support in person or over the telephone for consultations when the need occurred.
- There were arrangements in place to manage high demand for walk-in services. The walk-in centre had a system in place to signpost patients to appropriate services for example 111 services or pharmacy support.

Are services safe?

They also managed their walk-in appointments based on priority of need for example, patients could present themselves at 8am and sit and wait until the next GP was available. For non-urgent situations a patient would be given an approximate time they would be seen by the GP. The patient could return to the walk-in centre at the allocated time without losing their waiting appointment slot.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice 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

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Arrangements were in place to ensure continuity of care by referring patients back to their registered GP once urgent care had been completed.
- Arrangements were in place for patients that had health diagnostics performed. Health diagnostics could be a blood test. Results were reviewed by the practice clinician and any actions taken as a result of the tests.

Management, monitoring and improving outcomes for people

The practice used the information collected from the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Results from 2014/2015 showed the practice achieved 94% of the total number of points available. This was comparable to the CCG average of 94% and comparable to the national average of 95%.

The practice also recorded a 23% exception reporting result. This was worse than the CCG average of 12% and worse than the national average of 9%.

Following our inspection the Service Manager provided us with an action plan which they assured us would be implemented immediately to review ways in which exception reporting would be centrally managed. For example; a dedicated member of staff was given

responsibility to ensure patients were recalled in a timely manner. Also, patients would be called by a clinician following their non-attendance of appointment to explain further reasons for their initial appointment.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 80%; which was below the CCG average of 89% and below the national average of 89%.
- Performance for mental health related indicators was 89% which was comparable with the CCG average of 92% and comparable with the national average of 93%.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had had a review, undertaken by a healthcare professional, including an assessment of breathlessness in the preceding 12 months was 94%. This was better than the CCG average of 90% and better than the national average of 90%.
- The percentage of patients with asthma who had had an asthma review in the preceding 12 months was 83%, which was better than the CCG average of 76% and better than the national average of 78%.

The practice monitored outcomes and trends over time by utilising its regional group internal dashboard system. The dashboard was completed on a daily basis and was in 'real time' to allow clinical staff and management to monitor its performance and keep a watching brief on patient outcomes. We saw records that monitored for example, how many walk-in patients had been seen, how many patients had been referred to Accident and Emergency (A+E) and how many patients presented themselves but then walked out of the service.

There was evidence of quality improvement including clinical audit.

- We saw records that there had been three clinical and non-clinical audits completed in the last two years, and these were completed audits where the improvements were shared with the practice team and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Are services effective?

(for example, treatment is effective)

- Clinical audit findings were used by the practice to improve services. For example, action taken as a result of repeat prescribing and the monitoring of medical equipment.

Information about patients' outcomes was used to make improvements. For example, the practice reviewed its records of antibiotic prescribing. Patients that were diagnosed with sore throats for example were offered better alternatives due to their allergy or intolerance to this type of medication.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff and contracted locums that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were 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. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- We saw records that staff had completed further 'customer service' training to ensure patient facing staff provided support and advice in a consistent and effective manner. For example, where patients were appearing 'distressed' or in need of urgent care.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when people were referred to other services.
- The practice communicated patient information promptly with patient's registered GPs to ensure any further actions are acted on.
- Where necessary, patients were referred back to their own registered GP to ensure continuity of care.
- Where patients required use of further services the GP offered this support during their consultation. For example patients requiring additional mental health support were offered a contact card 'let's talk'.
- Where patients were referred to another service for example A+E, patient information (discharge summaries) was given to the Emergency Care Practitioners (ECPs) to ensure continuity of care.

Staff worked together, and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. However, we saw some records of patients that had attended health services 'out of hours' and their results/notes were not always actioned on a daily basis. We discussed this with the Service Manager and they gave us their assurances that this process would be re-enforced immediately. We did not see evidence that multi-disciplinary team meetings took place on a regular basis to ensure care plans were routinely reviewed and updated.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support including;

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol and substance misuse cessation and those with mental health problems. Patients were then signposted to the relevant service.
- A dietician was available by appointment and smoking cessation advice was available from a local support group.

The practice had a comprehensive screening programme. QOF data from 2014/2015 showed the practice's uptake for the cervical screening programme was 92%, which was better than the CCG and national average of 82%. There

was also a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Data from 2016 showed childhood immunisation rates for the vaccinations given were relatively high and were comparable to the CCG and national averages for children aged 12 months, two and five years. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and for five year olds was 73%. The Service Manager told us that patients were being contacted by the practice nurse to return their child immunisation history records to advise them of any outstanding immunisations.

The practice had not signed any contractual enhanced service requirement in order to deliver patient health checks. However, patients could access appropriate health assessments and checks if requested. QOF data from 2014/2015 showed the percentage of patients aged 45 or over who had a record of blood pressure testing in the preceding five years was 95%. This was 3% above the local CCG average and 4% above the national average. 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

We observed throughout the inspection that members of staff were courteous and very helpful to patients and they were treated with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Staff were described as good, nice, helpful, caring, respectful, friendly and polite.

All of the 12 patient questionnaires we received informed us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Staff responded compassionately when they needed help and provided support when required. Patients also said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However, some patients expressed their concerns that sometimes waiting times were extended and they were not always told of the delay. This was in relation to the practice walk-in centre service where patients did not arrange an appointment in advance of being seen.

Results from the national GP patient survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was above and below for its satisfaction scores on consultations with GPs and nurses. For example:

- 75% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.

- 84% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 72% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 87% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 92% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 89% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 86% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 95% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%.
- 90% patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

We spoke to the Service Manager about the below performance data and they told us that the practice had a number of measures to deal with the low data. For example; all locum GPs were changing to a performer contract which meant that patients would receive consistent care and choice and a practice nurse was employed in January 2016 which meant that patients would build positive ongoing relationships.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Are services caring?

Results from the national GP patient survey showed patients were generally positive to questions about their involvement in planning and making decisions about their care and treatment. Results were in line and below with local and national averages. For example:

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 69% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.
- 92% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 88% said the last nurse they saw was good at involving them in decisions about their care compared to the 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. We saw notices in the reception areas informing patients this service was available. A hearing loop was available for patients with hearing difficulties.
- Information leaflets were available in easy read format.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of its patient list as carers for patients aged 65 and under. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and the CCG to secure improvements to services where these were identified. For example, the practice worked with the CCG and community professionals to identify their patients who were at high risk of attending accident and emergency or having an unplanned admission to hospital. The practice also reflected on priorities such as those identified in the local Joint Strategic Needs Assessment (JSNC). For example, the practice was currently collating information about un-planned attendance and recent attendance at the walk-in centre rather than patients using their own registered GP. The Service Manager told us that this information would be used to plan future services in conjunction with CCG arrangements.

- The practice offered specific alcohol and smoking cessation counselling for patients.
- The practice sign-posted patients to the drugs counselling service which was located in the same building as needed.
- Patients could also make use of the 'walk-in' service where no appointment was needed.
- There were longer appointments available for people with a learning disability.
- Appointments could be made on line, via the telephone and in person.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.

The practice was aware of the Accessible Information Standard (AIS) and the need to fully implement this as part of a patients access needs. The AIS tells organisations how they should make sure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate. The practice handled requests for information in this format by contacting their central corporate team for support and guidance.

Access to the service

The practice was open between 8am to 8pm Monday to Sunday. Appointments were from 8am to 8pm every day. Pre-bookable appointments could be booked up to eight weeks in advance and urgent appointments were also available for people that needed them. Additionally the walk-in centre was open to all non-registered (and registered) patients 8am to 8pm seven days a week 365 days a year. The practice, along with all other practices in the Hull CCG area had a contractual agreement for NHS 111 service to provide Out of Hours (OOHs) services from 8pm. This had been agreed with the NHS England area team. This was in relation to the practice walk-in centre service where patients did not arrange an appointment in advance of being seen.

The practice monitored its patient flow on a daily basis dependent on demand. For example the walk-in centre had a system in place to signpost patients to appropriate services for example 111 services or pharmacy support. The service could also provide Regional Clinical support where needed or an alternative agency would be used. They also managed their walk-in appointments based on priority of need for example, patients could present themselves at 8am and sit and wait until the next GP was available. For non-urgent situations a patient would be given an approximate time they would be seen by the GP. The patient could return to the walk-in centre at the allocated time without losing their waiting appointment slot.

The practice monitored the number of patients leaving the walk-in centre before being seen by utilising its regional group internal dashboard system. The dashboard was completed on a daily basis, an example we saw was from April 2016 where 2,496 patients used the walk-in service but 291 did not attend by leaving before they were seen. This meant that 12% of walk-in patients walked out of the practice before they saw a GP. We observed this in practice during the inspection. Some walk-in patients decided not wait the waiting time displayed in the practice and walked out. However, they could pre-arrange their time with the receptionist and come back at a time to suit them. Staff told us that some patients in the past had attempted to obtain a repeat prescription using the walk-in service. However, the service did not provide this service for walk-in patients and were encouraged to visit their own registered GP.

Are services responsive to people's needs?

(for example, to feedback?)

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

- 93% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 89% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 87% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints, concerns, comments and compliments.

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

- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system. Information was on the practice website, in the patient information and complaints leaflets.

The practice had received seven formal complaints in the last 12 months and these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, patients using the 'walk-in' service had complained about the rudeness of staff. The practice had implemented 'customer service' training for all patient facing staff to improve this level of service.

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.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures 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.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had a local team structure in place with direct links to the regional team to ensure overall management support and consistency of services were provided.
- The practice was engaged in regional quality assurance visits to ensure compliance to relevant health care regulation. Records we looked at corroborated this.
- The practice monitored its risks and evaluation of services provided on a monthly basis by completing a regional group internal dashboard. For example, internal audits completed, incident management, risk management, peer consultation, alerts received and clinical audits.

Leadership and culture

On the day of inspection the GPs, management and the Service Manager in the practice 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 that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The management encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment.

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the managers in the practice. All staff were involved in discussions about how to run and develop the practice, and the management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff were engaged in regular career conversations as part of their appraisal.
- Flexibility was encouraged throughout the practice in respect of supporting colleagues and covering additional duties and team working was embedded amongst all staff.

Are services well-led?

Good 

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

- Staff engaged in 'type-coach'. This was a programme about finding out about themselves so they can work better with others.
- Staff also worked at other provider sites when required to enable them to be an extended part of the organisation as a whole.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice did not currently have an active patient participation group (PPG). We discussed this with the Service Manager and they told us that they were in the process of recruiting new members of the PPG and were looking to introduce new meetings in the future. The practice had gathered feedback and completed its own

internal surveys and FFT surveys. For example; 13 people had completed the Friends and Family test in the last month. 92% were extremely likely to recommend the practice. The practice also sent out 445 text messages to patients who used the walk-in centre during April asking for their feedback and no replies were received.

- The practice had gathered feedback from staff through staff meetings, appraisals and general discussions. 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 was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.