

# Dr S G Hussain

## Quality Report

Also known as:

The Wilberforce Surgery

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr S G Hussain (The Wilberforce Surgery) on 10 November 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough. People did not always receive a verbal and written apology.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.

- Data showed patient outcomes were low for the locality. Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had a number of policies and procedures to govern activity, but some were overdue for review.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
  - Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

The areas where the provider must make improvements are:

# Summary of findings

- Incident reporting must be implemented and incidents formally documented with learning recorded with clear action dates, including a system for analysing and monitoring trends.
- Clinical audits completed must include a full cycle of events to ensure patient outcomes are improved and reflection and learning is recorded with action points identified.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Infection control and hand washing audits should be completed and up to date.

In addition the provider should:

- Have systems in place for identifying and monitoring the completion of training and appraisals for all staff in order for them to carry out their duties effectively and safely.

- Have an Induction programme that is clear and follows specific guidelines for all new starters and locum GPs joining the practice.

We saw one area of outstanding practice;

- The practice contracted a dedicated recovery case manager to review specific substance and alcohol misuse cases with patients. This was well managed and communication with the practice and patient records were excellent. Clear tasks and record management were completed in a timely and precise way and this was supported by good team working.

**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 requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not always thorough enough and lessons learned were not communicated widely enough to support improvement.
- People did not always receive a written apology when they raised concerns with the practice.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe all of the time.
- Infection control checks had not been completed fully.
- Not all staff had the appropriate level of recruitment checks carried out.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were completed but did not demonstrate quality improvement.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher or in-line than others for some aspects of care. For example:
  - 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
  - 88% said the GP gave them enough time compared to the CCG average of 84% and national average of 86%.

**Good**



# Summary of findings

- 86% said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 86%.
- 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 that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice worked with the CCG and the 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 had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Requires improvement



- It had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management but at times they weren't sure who to approach with issues.
- The practice had a number of policies and procedures to govern activity. However, regular governance meetings were not in place.

## Summary of findings

- The practice proactively sought feedback from patients and had a 'virtual' patient participation group (PPG). However, the practice could not demonstrate how by acting for feedback from the PPG that improvements and changes had been brought about.
- There was no formal induction programme in place for locum GPs joining the practice and not all staff had received regular performance reviews or attended staff meetings and events.

# Summary of findings

## The six population groups and what we found

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

### Older people

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. Patients over the age of 75 had a named GP.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

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, for example, performance for diabetes related indicators was 72.1%, this was below the local CCG and national average.
- 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 medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 80.0%, which was 18.6% below the local CCG average and 17.6% below the national average.

## **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.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Good**



## **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).

**Good**





# Summary of findings

- Nationally reported data from 2014/2015 showed 62.5% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was comparable to other practices.
- Nationally reported data from 2014/2015 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in their record, in the preceding 12 months was 79.6%. This was comparable to other practices.
- 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.
- Alcohol counselling, behaviour therapy and substance misuse services were all available at the practice.

# Summary of findings

## What people who use the service say

The National GP patient survey results published in July 2015 showed the practice was performing in line with or below with local CCG and national averages in most areas. There were 447 survey forms distributed for The Wilberforce Surgery and 85 forms were returned, a response rate of 19%.

- 77% found it easy to get through to this surgery by phone compared with a CCG average of 70% and a national average of 73%.
- 86% found the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 86%.
- 75% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 85% said the last appointment they got was convenient compared with a CCG average of 93% and a national average of 91%.
- 62% described their experience of making an appointment as good compared with a CCG average of 73% and a national average of 73%.

- 56% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 70% and a national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 completed comment cards which were very positive about the standard of care received. 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.

We spoke with 11 patients during the inspection. They also confirmed that they had received good care and attention and they felt that the staff treated them with dignity and respect.

Feedback on the comments cards and from patients we spoke with reflected the results of the national survey.

We looked at the results of the March 2015 practice survey and 'Family and Friends' survey results for Dec 2014 to March 2015. They were also positive about the services delivered.

## Areas for improvement

### Action the service **MUST** take to improve

- Incident reporting must be implemented and incidents formally documented with learning recorded with clear action dates, including a system for analysing and monitoring trends.
- Clinical audits completed must include a full cycle of events to ensure patient outcomes are improved and reflection and learning is recorded with action points identified.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

- Infection control and hand washing audits should be completed and up to date.

### Action the service **SHOULD** take to improve

- Have systems in place for identifying and monitoring the completion of training and appraisals for all staff in order for them to carry out their duties effectively and safely.
- Have an Induction programme that is clear and follows specific guidelines for all new starters and locum GPs joining the practice.

# Summary of findings

## Outstanding practice

- The practice contracted a dedicated recovery case manager to review specific substance and alcohol misuse cases with patients. This was well managed and communication with the practice and patient

records were excellent. Clear tasks and record management were completed in a timely and precise way and this was supported by good team working.

# Dr S G Hussain

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

### Background to Dr S G Hussain

The Wilberforce Surgery is situated in the centre of Kinston upon Hull and provides services under a General Medical Services (GMS) contract with NHS England, Hull Area Team to the practice population of 2,380, covering patients of all ages.

The practice has two GP partners, one male and one female. There is one practice nurse and one health care assistant. There is a practice manager, a reception manager and a team of secretarial, administration and reception staff.

The practice is open between 7.15am to 6.30pm Monday to Friday. Appointments are from 8.15am to 5.50pm daily. The practice, along with all other practices in the Hull CCG area have a contractual agreement for NHS 111 service to provide OOHs services (OOHs) from 6.30pm. This has been agreed with the NHS England area team.

The proportion of the practice population in the 65 years and over age group is lower than the England average. The practice population in the under 18 age group is lower than the England average. The practice scored one on the deprivation measurement scale, which is the lowest deprived. People living in more deprived areas tend to have a greater need for health services. The overall practice deprivation score is higher than the England average, the practice is 50.2 and the England average is 23.6.

The practice has opted out of providing out of hours services (OOHs) for their patients. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

### Why we carried out this inspection

We 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 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 10 November 2015. During our visit we:

- Spoke with a range of staff including two GPs, one practice nurse and one health care assistant. We also spoke with the practice manager, two receptionists, one administrator and a visiting counselling professional.
- Spoke with 11 patients who used the service and talked with carers and/or family members.

# Detailed findings

- Reviewed 10 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

# Are services safe?

## Our findings

### Safe track record and learning

Staff were clear about their responsibilities to raise concerns and to report incidents and near misses. However the system for reporting, recording and analysing significant events was not always effective.

Staff were not fully engaged in the significant event process. Staff were not aware of the policy arrangements nor did they access any incident recording form to submit the incident formally to the nominated person in the practice. Significant event management was not effective. Lessons learned from incidents were not communicated widely to support improvement.

People affected by significant events did not receive a timely apology and were not told about actions taken to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice could not fully demonstrate, processes and practices were 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 not accessible to all staff. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities for safeguarding and. We saw that one GP was trained to Safeguarding Level three. However some staff and GPs told us they had not received further safeguarding training or updates regarding relevant to their role.
- Information telling patients that they could ask for a chaperone was visible in the waiting room. 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). Non clinical staff had completed

chaperone training and were performing chaperone duties. However they had not completed a DBS check. The manager gave us verbal assurances at the inspection that this practice would stop until the appropriate checks had been completed on all staff who performed chaperone duties.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse 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. However, if an issue was identified through monitoring no action was taken. Examples of this were no hand washing audits had taken place throughout the year and we also saw that seating in the patient waiting area had tears to the surface which could cause an infection risk.
- 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found that appropriate recruitment checks had not been undertaken prior to employment for two staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We saw that two files did not have reference checks in them.

### Monitoring risks to patients

- There was a health and safety policy available with a poster in the reception office. The practice had a fire risk assessment and a fire warden in place. Staff we spoke with were able to describe the action they would take in the event of a fire. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working

## Are services safe?

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, infection control and legionella.

- 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 locums were engaged when required.

### **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 this was up to date.
- The practice had a defibrillator available on the shared premises. However, no oxygen was available on the premises. We discussed this with the practice manager and it was identified that this was due to premises contract arrangements. Following our inspection the manager informed us that oxygen had now been made available following a review of the premises contract. There was a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- 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.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (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.

Results from 2014/2015 showed the practice achieved 90.5% of the total number of points available. Practices can exclude patients which is known as 'exception reporting', to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. Lower exception reporting rates are more positive. The practice exception reporting rate was 10.2% which was below the local CCG and above the national average. 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 72.1%, this was 16.9% below the local CCG average and 17.1% below the national average.
- Performance for mental health related indicators was 80.8% which was 11.4% below the CCG average and 12.0% below the national average.
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional,

including an assessment of breathlessness in the preceding 12 months was 80.0%. This was 16.5% below the local CCG average and 16.0% below the national average.

- The percentage of patients with asthma who have had an asthma review in the preceding 12 months that included an assessment of asthma control, was 100%. This was 3.3% above the local CCG average and 2.6% above the national average.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits undertaken in the last two years. We looked at these and saw they were not fully completed audits where improvements were made, implemented and learning/actions recorded.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings from clinical audit were not used by the practice to improve services.

### Effective staffing

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

- The practice did not have a clear 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. However, staff appraisals were out of date and needed to be completed.
- 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. However, there was no system in place for identifying and monitoring the completion of training in order for staff to carry out their duties effectively and safely.



# Are services effective?

(for example, treatment is effective)

## Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when people were referred to other services.

Staff worked together, and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that 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.

- 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 had not been monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

## Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol and substance misuse cessation and those with mental health problems. Patients were then signposted to the relevant service.
- Alcohol counselling, behaviour therapy and substance misuse services were all available at the practice. The practice contracted a dedicated recovery case manager to review specific substance and alcohol misuse cases with patients. The service was well managed and communication with the practice and patient records was excellent, with clear tasks completed and good team working.

The practice had a comprehensive screening programme. QOF data from 2014/2015 showed the practice's uptake for the cervical screening programme was 80%, which was 18.6% below the local CCG average and 17.6% below the national average. 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.

Data from 2014/2015 showed childhood immunisation rates for the vaccinations given were relatively high and were below or comparable to the CCG and national averages for children aged 12 months, two and five years. Flu vaccination rates for at risk groups were below the local CCG and national average for patients over 65, and above the local CCG and national average for patients with diabetes.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. QOF data from 2014/2015 showed the percentage of patients aged 45 or over who had a record of blood pressure in the preceding five years was 93.3%, this was below the local CCG and 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

### Respect, dignity, compassion and empathy

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 10 patient CQC comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with 11 patients and they also told 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in June 2015 showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was above and below the CCG and national average for consultations with GPs and above for nurses. For example:

- 88% said the GP gave them enough time compared to the CCG average of 84% and national average of 86%.
- 92% said the GP was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 81% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.

- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 97%.
- 89% said the nurse gave them enough time compared to the CCG average of 92% and national average of 91%.
- 92% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 82% 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 90%.
- 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%.
- 86% said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 86%.

### Care planning and involvement in decisions about care and treatment

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

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

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.
- 79% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 89%.

## Are services caring?

- 84% 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 84%.

Staff told us that translation services were available for patients who did not have English as a first language and google translate was available on the practice website. There was no notice in the reception area informing patients the translation service was available.

### **Patient and carer support to cope emotionally with care and treatment**

There was information available in the waiting room for patients about how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. 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 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.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- The practice offered specific alcohol and substance misuse counselling for patients.
- 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.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The practice had reviewed its appointment system and introduced a 'triage' system so all patients requesting a same day appointment were offered a telephone consultation and if required a face to face appointment.

### Access to the service

The practice was open between 7.15am to 6.30pm Monday to Friday. Appointments were from 7.15am to 6.30pm daily. The practice, along with all other practices in the Hull CCG area have a contractual agreement for NHS 111 service to provide OOHs services (OOHs) from 6.30pm. This has been agreed with the NHS England area team.

Results from the national GP patient survey published in June 2015 showed that patient's satisfaction with how they could access care and treatment was in line with or below the local CCG and national averages. This reflected the feedback we received on the day. For example:

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 74%.
- 77% of patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73%.
- 62% of patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73%.
- 56% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70% and national average of 64%.

### Listening and learning from concerns and complaints

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

- The 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 not received any formal complaints in the last 12 months. However, we saw a complaint recorded by the practice had not been formally investigated. We discussed this with the practice manager and they assured us that all complaints would be formally recorded and acknowledged in the future.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice did not have a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice did not have a mission statement for staff to contribute to or work towards
- The practice did not have a robust strategy and supporting business plan which reflected the vision and values in place.

### Governance arrangements

The practice did not have an overarching governance framework which supported the delivery of the practice standards to provide good quality care. Governance arrangements in the practice required further establishing:

- No emergency medication checks had taken place to ensure the correct medicine were always available in the event of an emergency.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis, patterns and trends of incidents was not fully implemented.
- The practice had obtained policies from an external source and had not yet implemented these fully within the practice. They were not personalised to the practice.
- A system of continuous audit cycles which demonstrated improvement in patients' care was not fully completed.
- Staff annual appraisals had not been completed.
- Complaint reviews and acknowledgement of complaints was not fully established and the identification of patterns and trends was not formalised.

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

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

- Staff told us that regular team meetings were not held and were not formalised. However informal meetings were held.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at informal meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, by the GPs and practice manager. All staff were involved in discussions about how to run and develop the practice on an informal basis.

### 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 had gathered feedback from patients through a virtual PPG and through surveys received. There was an active PPG which communicated on an infrequent basis by email messages, carried out patient surveys and submitted responses to the practice management team. For example, we saw a recent performance survey for August 2015 that reported patient experiences at the practice regarding speed at which calls were answered and waiting times for an appointment.

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.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing  How the regulation was not being met: <ul style="list-style-type: none"><li>• The provider did not ensure they had an induction programme that prepares staff for their role.</li><li>• The provider did not complete periodic supervision to make sure competence is maintained.</li></ul> Regulation 18(2)(a)
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  How the regulation was not being met: <ul style="list-style-type: none"><li>• The provider had not ensured that the information specified in Schedule 3 was available for each person employed. In addition, they had not established effective recruitment and selection procedures.</li></ul> Regulation 19(2)(a)(3)
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  How the regulation was not being met: <ul style="list-style-type: none"><li>• The provider did not have systems or processes which were established and operated effectively in order to demonstrate good governance.</li><li>• The provider did not assess, monitor and improve the quality and safety on its services provided.</li></ul>

This section is primarily information for the provider

## Requirement notices

- The provider did not have systems and processes such as regular audits of the service provided.
- The provider was not doing all that is reasonably practicable to mitigate risks.
- The provider did not assess the risk of, and prevent, detect, and control the spread of infections, including those that are health care associated.

Regulation 17(2)(a)(b)(e)