

Dr RW Harrison & Mrs CM Harrison-Bevan (also known as Howden Medical Centre)

Quality Report

Howden Medical Centre
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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

This practice is rated as Good overall. (Previous inspection May 2015 – Rated Good Overall)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Dr RW Harrison & Mrs CM Harrison-Bevan (also known as Howden Medical Centre) on 15 December 2017 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

Review the systems in place for reviewing changes introduced following significant events and complaints to assess whether the changes have been effective and embedded into practice.

Summary of findings

Review the process for regular monitoring of prescriptions that have not been collected.

Implement a planned clinical audit/quality assurance programme to ensure audit cycles are completed and relevant staff are involved in the process.

Review the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if appropriate.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

Dr RW Harrison & Mrs CM Harrison-Bevan (also known as Howden Medical Centre)

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Dr RW Harrison & Mrs CM Harrison-Bevan (also known as Howden Medical Centre)

Dr RW Harrison & Mrs CM Harrison-Bevan (also known as Howden Medical Centre), Pinfold Street, Howden, Goole Humberside DN14 7DD is located in a purpose built health centre in Howden, East Yorkshire. Parking is available at the practice and there are accessible facilities. Consulting and treatment rooms are all on the ground floor. The practice provides services under a Personal Medical Services (PMS) contract with the NHS North Yorkshire and Humber Area Team to the practice population of 7191, covering patients of all ages. The practice website can be found by following the link <http://www.howdenmedicalcentre.nhs.uk/index.html>

The proportion of the practice population in the 65 to 74 age group is slightly below the local CCG average and slightly above the England average. The proportion of the

practice population in the 75 plus age group is similar to the local CCG and England average. The practice population in the under 18 years age group is similar to the local CCG and England average. The practice scored nine on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have greater need for health services.

The practice has one full time male GP Partner, one non-clinical management partner and four female salaried GPs, all part time. There is one nurse practitioner and four practice nurses, all female and all work part time. There are two health care assistants, both female, one works full time and one part time. There is a practice manager, a finance manager and a team of administration, reception and secretarial staff.

The practice is open between 8.30am to 6pm Monday to Friday. On Monday and Tuesday face to face appointments with the GPs are available from 8.50am to 12pm, then GP telephone appointments from 12pm until 12:35pm and eConsult appointments from 12:35pm to 12:45pm. Wednesday to Friday face to face appointments are available from 9am until 12pm, then GP telephone appointments from 12pm until 12:35pm and eConsult appointments from 12:35pm to 12:45pm. Afternoon appointments are available from 3pm to 5.40pm Monday, Tuesday, Wednesday and Friday and 3.30pm to 5.40pm on Thursday. Extended hours are available on Wednesdays until 8.15pm.

Detailed findings

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

When the practice is closed patients use the NHS 111 service to contact the OOHs provider. Information for patients requiring urgent medical attention out of hours is available in the waiting area, on the practice website and on the telephone system patient message.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. The practice informed the health visitor if children did not attend hospital appointments however this was not recorded in the patient record. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Non-clinical staff understood their responsibilities and were supported by systems and processes to enable them to recognise those in need of urgent medical attention. Non-clinical staff had not received specific training to assist them in easily identifying patients identified 'at risk' of sepsis, however there was a meeting planned for this to take place. Information leaflets on sepsis were available in the waiting area.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Regular meetings were held, for example, full practice meetings, clinical meetings, palliative care and safeguarding children meetings.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. We identified a small number of uncollected prescriptions which were greater than four weeks old, including two from July 2017.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship (antimicrobial stewardship is a system to monitor the appropriate prescribing of antibiotics).
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example; when an abnormal specimen result was not actioned in a timely manner the practice amended its procedure to minimise the risk of this type of incident recurring. Lessons were shared with individual staff involved in incidents and all staff whose roles were relevant to the situation in the incident to make sure action was taken to improve safety in the practice. However lessons were not always shared with staff if they had no impact or relevance to their job role.
- The practice did not have a structured system to review changes introduced following significant events and complaints to assess whether the changes had been effective and embedded into practice.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- An eConsult service was available on the practice website allowing patients who did not need a face to face appointment to submit information about their condition. They would receive a response by the end of the next working day which included an appointment with a GP or nurse, advice on how to manage their condition or a prescription.
- The practice used text messages to inform patients about test results.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 had regular reviews as required. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice achievement in the QOF for diabetes indicators for 2016/2017 was between 15 and 20 per cent higher than the local CCG and national average.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with or above the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines, working in conjunction with midwives at the local hospital. There was a health visitor clinic at the practice once a week.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 86%, which was above the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university or college for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

People experiencing poor mental health (including people with dementia):

Are services effective?

(for example, treatment is effective)

- QOF data from 2016/2017 showed the percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the preceding 12 months was 100%. This was above the local CCG average of 85% and England average of 84%.
- QOF data from 2016/2017 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 100%. This was above the local CCG average of 93% and the England average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example; QOF data for 2016/2017 showed the percentage of patients with mental health conditions who had received discussion and advice about alcohol consumption was 100%. This was above the local CCG average of 92% and national average of 91%. The percentage of patients with physical and/or mental health conditions who had received discussion and advice about smoking cessation was 96%. This was comparable to the local CCG and national average of 95%.

Monitoring care and treatment

The practice had completed audits and quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example the practice had completed audits to review all new cancer diagnosis to assess the management of the patient prior to diagnosis. The audits demonstrated that areas identified for improvement had been addressed with new processes put in place and on-going monitoring implemented to monitor the changes introduced were effective and sustained. However there was no planned clinical audit/quality assurance programme.

Where appropriate, clinicians took part in local and national improvement initiatives. For example the practice was working with the CCG on identifying the best way of managing patients identified as frail.

The most recent published Quality and Outcomes Framework (QOF) results for 2016/2017 showed the practice achieved 100% of the total number of points available compared to the local CCG average of 94% and national average of 95%. (QOF is a system intended to improve the quality of general practice and reward good

practice). The practice had 16% exception reporting, this was above the local CCG and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. Staff had not received an appraisal in the previous 12 months however all staff told us they had regular 1:1s and felt fully supported. We saw evidence that development needs had been identified and addressed. The practice ensured the competence of staff employed in advanced roles, for example by review and audit of their prescribing and regular discussion of clinical decision making. However we saw no evidence of formal audit of their clinical decision making.
- We received positive feedback from staff about the support, opportunities and time they were given to train and develop. For example, one of the nurses had completed the Cardio-vascular Heart Disease Certificate.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.

Are services effective?

(for example, treatment is effective)

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The practice held regular multi-disciplinary case review meetings where patients on the palliative care register were discussed.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity and advertising for flu and pneumonia vaccinations.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Discussions with staff demonstrated staff were highly motivated to offer care that was kind, caring and supportive and that met the needs of the population.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 21 patient Care Quality Commission comment cards we received and 15 questionnaires that patients completed during the inspection were very positive about the service experienced. This was in line with the results of the NHS Friends and Family Test, the national GP patient survey and other feedback received by the practice. Five patients commented that clinics did not always run to time and three patients said they were not always told that clinics were running late.
- The practice manager had found a dental service for a young patient with a learning disability who had experienced difficulty accessing emergency dental services. The practice manager rang numerous departments and organisations to obtain the correct form to get the patient registered with a dentist who was trained to treat young people with learning disabilities.
- The Nurse Practitioner (NP) identified an issue during an appointment which was preventing a patient from having a smear test. The NP took time over a couple of appointments to talk to the patient and build up trust until they felt able to have the smear test carried out. The patient has agreed to have smear tests in the future with the NP.

The National GP patient survey results published in July 2017 showed 240 survey forms were distributed for the practice and 121 forms were returned, a response rate of 50%. This represented about 2% of the practice population.

Results from the survey showed patients felt they were treated with compassion, dignity and respect. The practice results were comparable to the local CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% said the last GP they saw was good at giving them enough time: local CCG average was 89% and national average 86%.
- 92% said the last GP they saw was good at listening to them: local CCG average was 90% and national average 89%.
- 89% said the last GP they saw or spoke to was good at treating them with care and concern: local CCG average was 88% and national average 86%.
- 97% said they had confidence and trust in the last GP they saw or spoke to: local CCG average was 97% and national average 95%.
- 96% said the last nurse they saw or spoke to was good at giving them enough time: local CCG average was 94% and national average 92%.
- 96% said the last nurse they saw or spoke to was good at listening to them: local CCG average was 94% and national average 91%.
- 94% said the last nurse they saw or spoke to was good at treating them with care and concern: local CCG average was 93% and national average 91%.
- 98% said they had confidence and trust in the last nurse they saw or spoke to: local CCG average was 98% and national average 97%.
- 87% said they found the receptionists at the practice helpful: local CCG and national average was 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices

Are services caring?

in the reception area, including in languages other than English, informing patients this service was available. The self-check in screen and practice website also had the facility to translate information into other languages.

- A number of patients had registered at the practice who spoke Russian. This was difficult at the reception desk as interpreter services could be arranged for clinicians but at the desk reception had difficulty communicating with them. The practice put together a number of phrases, questions, answers, days of week, month, dates, etc and got them translated into Russian. These were then put onto a number of flash cards in English and Russian, staff and patients could then communicate more effectively with each other by pointing to what it was they wanted and arrange dates and times, etc. When these patients moved to a new practice the cards were shared with staff there.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. Carer identification forms were displayed in the waiting area and the new patient questionnaire asked patients if they were a carer. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 18 patients as carers (0.2% of the practice list).

- The practice was in the process of identifying a member of staff to act as a carers' champion to help increase the number of carers on the register and to direct carers to the various support services.
- The Practice produced information each month for the local monthly publication 'Howden Matters' which was a useful resource for patients. Information on local carer support organisations (including young carers), was available in the waiting area.

- Staff told us that if families had experienced 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.
- Information on local and national bereavement support was available in the waiting area.

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

- 92% said the last GP they saw or spoke to was good at explaining tests and treatments: local CCG average was 88% and national average 86%.
- 84% said the last GP they saw or spoke to was good at involving them in decisions about their care: local CCG average was 84% and national average 82%.
- 96% said the last nurse they saw or spoke to was good at explaining tests and treatments: local CCG average was 92% and national average 90%.
- 94% said the last nurse they saw or spoke to was good at involving them in decisions about their care: local CCG average was 86% and national average 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- There was a protocol for patients (including younger patients) requesting routine and emergency contraception to support them in maintaining their privacy whilst at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example; extended opening hours and online services such as repeat prescription requests, advanced booking of appointments, an e consult service and advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example; the practice hosted an Orthopaedic Consultant clinic and retinal screening clinics so patients did not have to travel to hospitals for these appointments. Physiotherapy and Chiropody clinics were also held at the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice accommodated appointment times for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours were available on Wednesdays until 8.15pm.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice manager supported a patient who was applying to join the armed forces whose records had got 'stuck in the system' when they registered with the practice. Despite being chased by the practice the records had not been received therefore a full copy of the medical records could not be provided as required. The practice manager provided the prospective employer with an electronic printout and a letter stating the paper records were deemed lost. However the patients' application was turned down because of this. The patient was very distressed so the PM contacted the employer on a number of occasions to try and find out their process when medical records not available. The PM was then able to provide a written statement in order for the patients' application to be processed based on the medical information available.

Are services responsive to people's needs?

(for example, to feedback?)

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice recognised that some patients could be vulnerable permanently however for others it could be a time limited temporary situation and staff were aware of how to offer appropriate support. We found that 16 out of 22 patients on the learning disabilities register had had a routine health check.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was working with the Goole Dementia Team to review dementia diagnosis in their practice population, the first part of which was to carry out dementia screening assessments on all undiagnosed patients residing in care homes.
- Counselling and drug and alcohol support services were available at the practice.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the national GP patient survey published in July 2017 showed 240 survey forms were distributed for the practice and 121 forms were returned, a response rate of 50%. This represented about 2% of the practice population. Results showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. For example:

- 80% of patients who responded were satisfied with the practice's opening hours: local CCG average was 75% and national average 76%.
- 65% of patients who responded found it easy to get through to this surgery by phone: local CCG average was 67% and national average 71%.
- 83% of patients who responded said they were able to get an appointment to see or speak to someone the last time they tried: local CCG average was 86% and national average 84%.
- 85% of patients who responded said their last appointment was convenient: local CCG average was 84% and national average 81%.
- 76% of patients who responded described their experience of making an appointment as good: local CCG and national average was 73%.
- 89% of patients who responded described the overall experience of their GP surgery as good: local CCG average was 88% and national average 85%.
- 83% of patients who responded said they would recommend their GP surgery to someone new to the area: local CCG average was 82% and national average 77%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Three complaints were received in the last year. We reviewed the complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. Following a complaint relating to test results the practice reviewed and amended its procedures.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice manager was completing a Masters degree in Leadership in Health and Social Care.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic documented strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners. The non-clinical staff said although they were not involved in developing the strategy they carried it out in their day to day work.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

- The practice monitored progress against delivery of the strategy through discussion at practice meetings. However there was no action plan to support the monitoring which outlined actions required, people responsible and dates for completion.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Significant events and complaints were discussed at staff meetings. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included regular 1:1 discussions and career development conversations. Staff had not received a formal appraisal in the last year; however they all said that they had regular 1:1 meetings with their supervisors. We saw evidence of staff development at all levels, for example; staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

Good 

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

- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. Actions plans for audits, significant events analysis (SEA) and complaints did not always include review dates, actions taken and who had responsibility for ensuring actions were completed.

The practice had plans in place and had trained staff for major incidents.

- The practice implemented service developments and, where efficiency changes were made, this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example; patients had suggested they would like to be communicated to by text and have text reminders of appointments etc. The practice had introduced a text messaging service.
- There was an active patient participation group (PPG) which included a fundraising team. Funds raised had

Are services well-led?

Good 

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

been used to purchase equipment for the surgery including an INR (blood test) machine and outside lights. The PPG also attended local events to take information and get messages out to patients about various current topics. For example, information on self-help, what to have in your medicine cabinet and information on common childhood illnesses. This provided people with helpful information that they could use at home.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, following feedback from patients the practice had introduced an eConsult service. The practice was exploring being part of a pilot to provide a cardiologist service in the community.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.