

# Hallgate Surgery

## Quality Report

Hallgate 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hallgate Surgery on 15 June 2017. The practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients told us they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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

Importantly the provider should:

- Review procedures for recording medicine refrigerator temperatures so staff work within practice policy.
- Review the clinical audit programme to support the planning and completion of audit and quality monitoring cycles.

# Summary of findings

- Review intervals for mandatory refresher training.
- Improve the system for identifying carers.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system in place for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received an apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data for 2015/2016 showed patient outcomes were comparable to or above the local CCG and national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the GP national survey showed that patients rated the practice comparable to or above the local CCG and national average.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.

# Summary of findings

- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- There was a carer's register and information was available on the practice website and in the waiting room for carers on support services available for them.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example;
  - the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

# Summary of findings

- Staff had received inductions, annual performance reviews and training opportunities and attended staff meetings.
- The provider was aware of the requirements of the duty of candour. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over the age of 75 years had a named GP.
- The practice had assessed the older patients most at risk of unplanned admissions and had developed care plans which were regularly reviewed.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had worked with the CCG through an enhanced service to develop 'The Care Home Scheme'. This ensured patients living in care homes had structured annual reviews which included a review of medication by a pharmacist, clinical care and advanced care planning and discussion of 'Do Not Resuscitate' decisions.
- Nationally reported data for 2015/2016 showed that outcomes were good for conditions commonly found in older people. For example, performance for heart failure indicators was 100%; compared to the local CCG average of 99% and the England average of 98%.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2015/2016 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 78%. This was comparable to the local CCG average of 81% and the England average of 80%.
- The nurses had developed an information pack for newly diagnosed diabetic patients as there was always a gap between diagnosis and patients attending the 'Living with Diabetes' course.

# Summary of findings

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

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances or who failed to attend hospital appointments.
- Immunisation rates were high for all standard childhood immunisations. Immunisation rates were comparable to or above the local CCG average. For example, rates for immunisations given to children aged 12 months, 24 months and five years in the practice were 100% for all but two of the immunisations.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- Nationally reported data from 2015/2016 showed the practice's uptake for the cervical screening programme was 87%. This was comparable to the local CCG average of 84% and the England average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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

Good





# Summary of findings

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

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were available every day with a call back appointment arranged at a time to suit the patient, for example during their lunch break.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

## People whose circumstances may make them vulnerable

Good



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

- The practice held registers of patients living in vulnerable circumstances which included travellers and those with a learning disability.
- The practice offered longer appointments for people with a learning disability.
- Nursing staff used easy read leaflets to assist patients with learning disabilities to understand their treatment.
- Staff had received training in travellers' health beliefs.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Telephone interpretation services were available.

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

Good



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

# Summary of findings

- Nationally reported data from 2015/2016 showed 92% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was above the local CCG average and England average of 84%.
- The practice carried out advanced care planning for patients with dementia.
- Nationally reported data from 2015/2016 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 92% and the England average of 89%.
- 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- One of the GPs had a GP with Specialist Interest qualification in mental health and had experience working in a mental health and substance misuse environment until the middle of 2014.
- The practice hosted a service for the primary care substance misuse counsellor and sign posted patients requiring support with drug and/or alcohol problems to counselling and support services.

# Summary of findings

## What people who use the service say

The National GP patient survey results published in July 2016 showed 207 survey forms were distributed for Hallgate Surgery and 111 forms were returned, a response rate of 54%. This represented 4.5% of the practice's patient list. The practice was performing similar to or above the CCG and national average for all of the 23 questions. For three questions the practice results were 10% or more above the local CCG or national average. For example:

- 87% found it easy to get through to this surgery by phone compared with the local CCG average of 68% and national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried compared with the local CCG and national average of 85%.
- 62% usually got to see or speak to their preferred GP compared with the local CCG average of 61% and national average of 59%.
- 95% described the overall experience of their GP surgery as good compared with the local CCG average of 86% and national average of 85%.
- 87% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 81% and national average of 78%.

- 76% felt they normally didn't have to wait too long to be seen compared to the local CCG average of 60% and national average of 58%.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We received 18 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 very good and said staff were friendly, caring, listened to them and provided advice and support when needed.

We received questionnaires that were completed during the inspection from seven patients who used the service. They were also positive about the care and treatment received and patients said they were able to get same day appointments when they needed them.

Feedback on the comments cards and from patients we spoke with reflected the results of the national survey. Patients were satisfied with the care and treatment received.

## Areas for improvement

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

- Review procedures for recording medicine refrigerator temperatures so staff work within practice policy.
- Review the clinical audit programme to support the planning and completion of audit and quality monitoring cycles.
- Review intervals for mandatory refresher training.
- Improve the system for identifying carers.

# Hallgate Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Hallgate Surgery

Hallgate Surgery is located on Hallgate in the centre of Cottingham and is on local bus routes. There is parking for two to three cars on the street outside the practice and there is a public car park within five minutes' walk of the practice. The practice is in an adapted house and there is disabled access, 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 2478, covering patients of all ages.

The proportion of the practice population in the 65 years and over age group is above the England average. The practice population in the under 18 years age group is below the England average. The practice scored eight 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.

In October 2016 the practice became part of Humber NHS Foundation Trust. The practice has three salaried GPs, two male, and one female, all part time. There is also a regular female locum GP. There are two practice nurses and one

health care assistant (HCA), all female and all part time. There is a practice manager and a team of administration, reception and secretarial staff. The practice team are supported by the Head of Primary Care.

The practice is a teaching practice for medical students from the Hull York Medical School.

The practice is open between 8.30am to 6.00pm Monday to Friday; telephone lines are open from 8.00am. Appointments are available from 8.30am to 11.00am and 3.00pm to 5.20pm Monday to Friday. The practice, along with all other practices in the East Riding of Yorkshire CCG area have a contractual agreement for the Out of Hours provider to provide OOHs services from 6.00pm on weeknights. This has been agreed with the NHS England area team.

The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed patients use the NHS 111 service to contact the OOHs provider. Information for patients requiring urgent medical attention out of hours is available in the waiting area and in the practice information leaflet.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out an announced inspection to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, including the local CCG and NHS England to share what

they knew. We reviewed policies, procedures and other information the practice provided before and during the inspection. We carried out an announced visit on the 15 June 2017. During our visit we:

- Spoke with a range of staff including two GPs, a practice nurse, a health care assistant and administration, secretarial and reception staff. We also spoke with the Humber NHS Foundation Trust Head of Primary Care and the Care Group Director for Primary Care.
- Reviewed questionnaires from non clinical staff that they completed and returned to CQC prior to the inspection.
- Received completed questionnaires from seven patients who used the service.
- Reviewed 18 comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how staff spoke to, and interacted with patients when they were in the in the reception area and on the telephone.

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

# Are services safe?

## Our findings

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of documented examples we reviewed we found that when things went wrong patients were informed as soon as practicable, received an apology and were told about actions taken to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. The practice monitored trends in significant events to enable them to evaluate if action taken had been effective.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was also a safeguarding quick reference guide for staff. However this did not make clear who the telephone numbers referred to and that staff should follow up children that the practice referred to A/E departments to ensure parents did attend with children who were at risk. There was a lead member of staff for safeguarding.

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

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. However there was carpeted flooring in the staff toilet and the cleaning equipment storage area. We received confirmation from the practice following the inspection that an order had been placed to replace the carpet in these two areas.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The practice had purchased 'Super Kids Hygiene Squad' activity books for children which were available in the waiting room. These contained tips in a child friendly format on how to reduce infections and information about washing hands.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- The medicine refrigerator temperature was recorded daily however staff were not always following practice policy when documenting temperatures. Following the

## Are services safe?

inspection we received information from the provider outlining the action they had taken to ensure medicines refrigerator temperatures were monitored and recorded in line with practice policies and national guidance.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions (PSDs) from a prescriber were produced appropriately. (PGDs and PSDs are written instructions that have been produced in line with legal requirements and national guidance and contain specific criteria that nurses and HCAs must follow when administering certain medicines).

We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However one file did not have any references. There was a note on the induction checklist saying requests for references had been sent but not received. The recruitment process was now carried out by the Foundation Trust human resource team and all checks requested but not received were followed up.

### Monitoring risks to patients

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

- There was a health and safety policy available and a poster with details of responsible people.
- The practice had an up to date fire risk assessment and carried out fire drills. Staff were aware of what action to take in the event of a fire. Six staff had received fire warden training.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use was in good working order.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for the different staff groups to ensure that enough staff were on duty. Staff told us they provided cover for sickness and holidays and locums were engaged when required.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- There was a first aid kit and accident book available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/2016 showed the practice achieved 98% of the total number of points available compared to the local CCG average of 97% and national average of 95%. The practice had 12% exception reporting compared to the local CCG average of 11% and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed;

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 78%. This was comparable to the local CCG average of 81% and the England average of 80%.
- The percentage of patients with asthma, who had had an asthma review in the preceding 12 months that included an assessment of asthma control, was 75%. This was comparable to the local CCG and England average of 76%.

- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had had a review, undertaken by a healthcare professional, including an assessment of breathlessness in the preceding 12 months was 98%. This was the local CCG average of 88% and the England average of 90%.
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the preceding 12 months was 92%. This was above the local CCG and England average of 84%.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits commenced in the last two years, two of these were completed audits where
- Findings were used by the practice to improve services. For example, audits had been done to check that the practice was prescribing antibiotics in line with local and national guidelines. The second audit cycle showed that antibiotics doses had been amended and were being prescribed appropriately and in line with current guidance.
- The practice had also undertaken quality monitoring, for example the use of high risk drugs and two week referrals. The format of audits and quality monitoring exercises were not always structured to include relevant information, for example, the practice name, dates, people completing the audit, rationale and action plans and next audit/monitoring date.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Nursing staff had completed training in diabetes, heart failure and respiratory disease. Staff told us that they were given opportunities to attend training if needed.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific



# Are services effective?

## (for example, treatment is effective)

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during staff meetings, 1:1s, appraisals, supervision and support for the revalidation of the GPs and nurses.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However the practice needed to review refresher training intervals so that all staff attended training when required.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and test results.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when people were referred to other services.
- The practice kept a record of all referrals made and the practice rang to check that all two week wait urgent referrals had been received by the relevant service.

Staff worked together, and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients'

consent, using a shared care record. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. Staff had undertaken MCA training.
- 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.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

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

The practice's uptake for the cervical screening programme in 2015/2016 was 87%. This was comparable to the local CCG average of 84% and the England average of 81%. The practice sent written reminders to patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different

# Are services effective?

(for example, treatment is effective)

languages and easy read leaflets to assist patients with learning disabilities to understand the procedure. They ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Immunisation rates were high for all standard childhood immunisations. Data from 2015/2016 showed

immunisation rates were comparable to or above the local CCG average. For example, rates for immunisations given to children aged 12 months, 24 months and five years in the practice were 100% for all but two of the immunisations.

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. Nationally reported data from 2015/2016 showed the percentage of patients aged 45 or over who had a record of blood pressure in the preceding five years was 92%, this was comparable to the local CCG and England average of 91%. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. One patient commented that conversations could be overheard in the reception area. In response to feedback from patients the practice was installing a television to assist in muffling sounds in the waiting areas. We did not observe any personal or confidential information being discussed during the inspection.
- Patients could be treated by a clinician of the same sex.
- Information on chaperones was displayed in the waiting area and in consulting rooms.

Feedback from the 18 patient CQC comment cards we received was very positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

We received questionnaires that were completed during the inspection from seven patients who used the service. They were also satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients were very satisfied with how they were treated and that this was with compassion, dignity and respect. The practice results were above or comparable to the local CCG and national average regarding how they were treated by the GPs, nurses and receptionists. For example:

- 95% said the last GP they saw was good at giving them enough time compared to the local CCG average of 90% and national average of 87%.
- 95% said the last GP they saw was good at listening to them compared to the local CCG average of 90% and national average of 89%.
- 94% said the last GP they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 87% and national average of 85%.
- 97% said they had confidence and trust in the last GP they saw or spoke to compared to the local CCG average of 96% and national average of 95%.
- 95% said the last nurse they saw or spoke to was good at giving them enough time compared to the local CCG average of 95% and national average of 92%.
- 96% said the last nurse they saw or spoke to was good at listening to them compared to the local CCG average of 94% and national average of 91%.
- 94% said the last nurse they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 93% and national average of 91%.
- 100% said they had confidence and trust in the last nurse they saw or spoke to compared to the local CCG average of 98% and national average of 97%.
- 95% said they found the receptionists at the practice helpful compared to the local CCG average and national average of 87%.

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

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

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making

## Are services caring?

decisions about their care and treatment. Results were above the local CCG and national average for questions about GPs and comparable to the local CCG and national average for nurses. For example:

- 95% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 89% and national average of 86%.
- 93% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 84% and national average of 82%.
- 96% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 92% and national average of 90%.
- 88% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 88% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. There was a notice in the reception area informing patients this service was available.
- Information leaflets in easy read format could be accessed by staff from the internet.
- The 'Choose and Book' service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 0.4% of the patient practice list as carers. Staff sign posted carers to local services for support and advice and written information was available about the various avenues of support available to carers. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, their usual GP contacted them and 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. GPs gave their personal telephone numbers to care homes, patients and families so they could be contacted on evenings and weekends if they wanted to discuss a palliative care patient. One of the GPs told us that since the practice had become part of the foundation trust they now had more time to focus on their patients who were receiving end of life care.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- There were longer appointments available for people with a learning disability and those experiencing mental health issues.
- The practice provided care for 60 patients from the local traveller community.
- Appointments could be made on line, via the telephone and in person.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were accessible facilities and interpretation services. There was a hearing loop and staff could take patients to a private area or ask them to write things down if they had difficulty communicating.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Practice nurses visited patients at home to do long term conditions reviews and administer flu vaccinations during the flu season.
- The nurses had developed an information pack for newly diagnosed diabetic patients as there was always a gap between diagnosis and patients attending the 'Living with Diabetes' course.
- Patients were able to receive travel vaccinations available on the NHS and the practice referred patients to services for those not available on the NHS.
- The practice identified their patients who were at high risk of attending accident and emergency or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admissions or A&E attendances.
- The practice had worked with the CCG through an enhanced service to develop 'The Care Home Scheme'. This ensured patients living in care homes had

structured annual reviews which included a review of medication by a pharmacist, clinical care and advanced care planning and discussion of 'Do Not Resuscitate' decisions.

- One of the GPs had a GP with Specialist Interest qualification in mental health and had significant experience working in a mental health and substance misuse environment until the middle of 2014.

### Access to the service

The practice was open between 8.30am to 6.00pm Monday to Friday; telephone lines were open from 8.00am. Appointments were available from 8.30am to 11.00am and 3.00pm to 5.20pm Monday to Friday. The practice, along with all other practices in the East Riding of Yorkshire CCG area had a contractual agreement for the Out of Hours provider to provide OOHs services from 6.00pm on weeknights. This had been agreed with the NHS England area team.

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

Information about the opening times was available on the website and in the patient information leaflet.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with the service and how they could access care and treatment was positive. Results were above or comparable to the local CCG and national average. This reflected the feedback we received on the day. For example:

- 77% of patients were satisfied with the practice's opening hours compared to the local CCG average of 74% and national average of 76%.
- 87% found it easy to get through to this surgery by phone compared to the local CCG average of 68% and national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG and national average of 85%.
- 88% of patients described their experience of making an appointment as good compared to the local CCG average of 72% and national average of 73%.
- 95% described the overall experience of their GP surgery as good compared to the local CCG average of 86% and national average of 85%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 87% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 81% and national average of 78%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

When patients requested a home visit the details of their symptoms were recorded and then assessed by a GP. If necessary the GP would call the patient back to gather further information so an informed decision could be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

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

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

No written formal complaints had been received in the past 12 months. We looked at three informal complaints received in the last 12 months and found the practice had dealt with them in a timely way and been open and transparent when reviewing them. Lessons were learned from individual concerns and complaints. For example, following a complaint about not being able to book an appointment staff liaised with a patient to arrange a suitable time and informed them about the on line booking system.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed on the practice website; staff knew and understood the values.
- The practice had a strategy for the following 12 months regarding how they would continue to deliver their vision.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. The practice was in the process of reviewing and updating all its policies following the transfer to Humber NHS Foundation Trust.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held regularly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit and monitoring was used to monitor quality and to make improvements. However the practice was aware the format of audits and quality monitoring exercises were not always structured to include relevant information, for example, the practice name, dates, people completing the audit, rationale and action plans and next audit/monitoring date.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. There was a risk register in place which was monitored at the monthly Cottingham Practices Business meeting.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

- There was a clear Trust management structure in place to support the practice staff. There was a Governance, Assurance and Performance Framework for the Cottingham GP practices to enable appropriate identification, monitoring and progression of risks and performance issues through the Trust corporate systems.
- We saw there was a direct line of clinical sight from the Trust Board to front line staff which was important for governance. There were clear reporting lines up to the Trust Integrated governance team and the Trust Board.

### Leadership and culture

On the day of inspection the Head of Primary Care, the Care Group Director for Primary Care and the GPs demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs and practice manager were approachable and always took the time to listen to all members of staff. Staff we spoke with were very positive about the transfer to Humber NHS Foundation Trust.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.

# Are services well-led?

Good 

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

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, by the GPs and the practice manager. They described the relationship between staff as good and said all staff worked well as a team.
- All staff were involved in discussions about how to run and develop the practice. The GPs and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- We noted that following the transition of the practice to the Foundation Trust (FT) the two previous GP partners had remained at the surgery. The successful transition had resulted in both GPs remaining enthusiastic and engaged. The FT demonstrated exemplar leadership in how they have handled this transition which included continued good clinical engagement with GPs and practice nurses and the presence of a FT Associate Medical Director who was a GP.
- patients, through the virtual Patient Participation Group (PPG) and through surveys and complaints received. We saw that the practice was encouraging patients to become members of the virtual PPG. The PPG communicated regularly with the practice and submitted proposals for improvements to the practice management team. For example, following requests for more GP appointments, nurses clinics were now held in a nearby health clinic which freed up clinic rooms in the practice building for GPs to do more sessions.
- the NHS Friends and Family test, complaints and compliments received.
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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

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

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team and the Trust management team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice would soon be introducing a 'Web GP' consulting service. Patients would be able to send information to the practice which would be reviewed by a GP and then advice about appropriate treatment and support would be given to the patient.