

Dr AM Harley & Partners (also known as Walkergate Surgery)

Quality Report

117-119 Walkergate

Beverley

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Date of inspection visit: 1 & 2 February 2016

Date of publication: 24/05/2016

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 Dr AM Harley & Partners (also known as Walkergate Surgery) on 1 & 2 February 2016. The practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The 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.

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

Importantly the provider should:

- Ensure that controlled drugs registers are completed in accordance with the misuse of drugs regulations 2001.
- Ensure that fridge temperatures are monitored and recorded in accordance with national guidance.

Summary of findings

- Ensure the practice's vision is documented in a written strategy and outlines their plans for the future.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- 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 had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were above or comparable to the local CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national survey showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We observed a patient-centred culture.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. 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.
- Patients 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.
- 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 had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over the age of 75 had a named GP.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

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 2014/2015 showed that outcomes for patients with long term conditions were good. For example, performance for heart failure indicators was 100%; this was 1.9% above the local CCG average and 2.1% above the England average.
- 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 people with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- 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 relatively high for all standard childhood immunisations.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 80.4%. This was 4.5% below the local CCG average and 1.4% below the England average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was a designated receptionist responsible for looking after ladies who were pregnant to make sure they attended appointments and after delivery their babies attended for vaccinations.
- 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 and worked with the health visiting service to follow up any concerns.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held registers of patients living in vulnerable circumstances which included those with a learning disability.
- The practice offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good



Summary of findings

- 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 and information leaflets in different languages were provided when required.

People experiencing poor mental health (including people with dementia)

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

- Nationally reported data from 2014/2015 showed 87.2% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was 3% above the local CCG average and 3.2% above the England average.
- Nationally reported data from 2014/2015 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 94.4%. This was 3.5% above the local CCG average and 6.1% above the England average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning for patients with dementia.
- The alcohol support worker attended the practice to see patients when required.
- 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.

Good



Summary of findings

What people who use the service say

The National GP patient survey results published in January 2016 showed the practice was performing above or similar to the local CCG and national averages. There were 233 survey forms distributed for Walkergate Surgery and 111 forms were returned, a response rate of 48%. This represented 2.7% of the practice's patient list.

- 88% found it easy to get through to this surgery by phone compared to the local CCG average of 68% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 86% and a national average of 85%.
- 96% described the overall experience of their GP surgery as good compared to the local CCG average of 87% and a national average of 85%.
- 88% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 81% and the national average of 78%.

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 39 completed comment cards which were all very positive about the standard of care received. Patients said staff were polite and helpful and treated them with dignity and respect. Patients described the service as excellent and very good and said staff were friendly, caring, listened to them and provided advice and support when needed.

We spoke with eight patients during the inspection including two members of the patient participation group. They also confirmed that they had received very good care and attention and staff treated them with dignity and respect.

We looked at the results for the practice survey carried out in January 2016 and the Friends and Family test survey. They were also very positive about the care and treatment received.

Feedback on the comments cards, from patients we spoke with and the practice surveys reflected the results of the national survey. There was a common theme that patients were very satisfied with the care and treatment received and most patients said they were able to get appointments when they needed them.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that controlled drugs registers are completed in accordance with the misuse of drugs regulations 2001.
- Ensure that fridge temperatures are monitored and recorded in accordance with national guidance.
- Ensure the practice's vision is documented in a written strategy and outlines their plans for the future.

Dr AM Harley & Partners (also known as Walkergate Surgery)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a CQC Pharmacist Inspector, a GP Specialist Advisor and a Practice Manager Specialist Advisor.

Background to Dr AM Harley & Partners (also known as Walkergate Surgery)

Walkergate Surgery is located on Walkergate in the centre of Beverly and is on local bus routes. Public car parks, including disabled parking are located close to the practice. The practice is in an adapted commercial premise and there is disabled access, with consulting and treatment rooms all available on the ground floor. The practice provides services under a General Medical Services (GMS) contract with the NHS North Yorkshire and Humber Area Team to the practice population of 4109, covering patients of all ages. The practice is a 'dispensing practice' and is able to dispense medicines for patients who live more than 1.5 miles from the nearest pharmacy.

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 age group is slightly lower than the 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 four GP partners, two male and two female. There are two nurse practitioners and one health care assistant, all female. There is a practice manager and a team of administration, reception and secretarial staff.

The practice is open between 8.00am to 6.00pm Monday to Friday. Appointments are available from 8.00am to 11.00am and 3.00pm to 5.30pm 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. 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 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.

Whilst preparing for the inspection we identified issues in the CQC (Registration) Regulations 2009. The Provider details for the Registered Manager (RM) were incorrect, the RM identified on our system had left the practice and the person identified as the new RM had not submitted an application. We discussed this with the provider during the inspection.

Detailed findings

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.

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 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 1 & 2 February 2016. During our visit we:

- Spoke with a range of staff including two GPs, a nurse practitioner and the health care assistant. We also spoke with the practice manager, two receptionist/administration staff and a dispenser.
- Spoke with ten patients who used the service.
- Reviewed 39 comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients
- Observed how staff spoke to, and interacted with patients when they were in the practice 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

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Patients affected by incidents received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of incidents and they were discussed at the practice meetings.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, when a request to stop a medicine was made on a discharge letter this was not actioned as the fax copy of the letter was of poor quality and the GP reviewing the letter had not noticed the request. A new fax machine was purchased by the practice to minimise the risk of this type of incident recurring.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and staff told us they had received training relevant to their role. GPs were trained to safeguarding children level three.
- Information telling patients that they could ask for a chaperone if required was visible in the waiting room and consulting rooms. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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. One of the practice nurses was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. Infection control monitoring was undertaken throughout the year and annual infection control audits were completed. Action was taken to address any improvements identified.
- The arrangements for managing medicines in the practice, including emergency drugs and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We checked medicines stored in the treatment rooms, doctors bags, and medicine refrigerators and found they were stored securely with access restricted to authorised staff. Medicines fridge temperatures had been recorded daily but did not always include maximum and minimum readings. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer medicines against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents were recorded for learning however the practice did not record 'near misses' (a record of dispensing errors that have been identified

Are services safe?

before medicines have left the dispensary). The practice had a system in place to monitor the quality of the dispensing process. The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were appropriate arrangements in place for their storage and destruction; however some of the records were not clear because running balances had not been completed correctly. We saw evidence of routine balance checks of controlled drugs.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We noted in two files that two references had not been obtained.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients 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 regular fire drills.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for the different staff groups to ensure that enough staff were on duty. Staff we spoke with told us they provided cover for sickness and holidays and locums were engaged when required.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training.
- 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. However the oxygen cylinder was out of date, a new cylinder was ordered during the inspection and this was going to be delivered the next day.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice 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 2014/2015 showed the practice achieved 93.7% of the total number of points available, with 10.9% exception reporting. (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). Lower exception reporting rates are more positive. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 87.3%. This was 1% below the local CCG and England average.
- Nationally reported data from 2014/2015 showed 87.2% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was 3% above the local CCG average and 3.2% above the England average.
- The percentage of patients with Chronic Obstructive Pulmonary Disease who had had a review, undertaken

by a healthcare professional, including an assessment of breathlessness in the preceding 12 months was 100%; this was 10.9% above the local CCG average and 10.2% above the national average.

- 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 80.2%. This was 3.4% above the local CCG average and 4.9% above the England average.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last year, all being completed audits. We looked at three audits in detail; all of these were completed audits where the improvements made were implemented and were being monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, an audit was done to check if patients with atrial fibrillation (AF, a heart condition) were taking the medicine required as recommended by NICE guidelines. This identified that three patients with AF were not on any medication. When this was re-audited all patients with AF were taking the recommended medication.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, infection prevention and control, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. Nursing staff had completed training in diabetes and chronic obstructive airways disease.
- 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

Are services effective?

(for example, treatment is effective)

scope of their work. This included on-going support during staff meetings, one-to-one meetings, 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.

Coordinating patient care and information sharing

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

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

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. We saw evidence that multi-disciplinary team meetings took place quarterly and that care plans were routinely reviewed and updated.

Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 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.

- The process for seeking consent was monitored through review of patient records to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those with mental health problems. Patients were then signposted to the relevant service.
- The practice referred and sign posted people who needed support for alcohol or drug problems to local counselling services.

The practice had a comprehensive screening programme. Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 80.4%. This was 4.5% below the local CCG average and 1.4% below the England average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice was aware that their uptake for breast screening was lower than the local and national uptake. The practice had undertaken a campaign to encourage their patients to attend breast screening. This included putting information on the notice board in the waiting room and in the practice newsletter which included dispelling some myths, i.e that screening was painful. A member of the screening team had visited the practice twice to talk to female patients and provide information. There had been a 2% increase in patients attending breast screening.

Data from 2014/2015 showed childhood immunisation rates for the vaccinations given were relatively high and were above or comparable to the CCG and national averages for children aged 12 months, two and five years. For example, rates for 14 of the 18 immunisations given to children aged 12 months, 24 months and five years were 95% or above.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74. Nationally reported data from 2014/2015 showed the percentage of patients aged 45 or over who had a record of blood pressure in the preceding five years was 89.7%, this was

1.2% below the local CCG average and 1.3% below the England average. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

All of the 39 patient CQC comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with ten patients including two members of the Patient Participation Group. They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients said staff responded compassionately when they needed help and provided support when required. Staff had arranged and paid for a taxi so a patient could get to hospital. On another occasion one of the nurses had supported a patient who had learning disabilities and who was very nervous when they had gone to hospital for an operation.

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

- 90% said the last GP they saw was good at giving them enough time compared to the CCG average of 91% and national average of 87%.

- 88% said the last GP they saw was good at listening to them compared to the local CCG average of 91% and national average of 89%.
- 87% 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 88% 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 97% and national average of 95%.
- 96% 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%.
- 95% said the last nurse they saw or spoke to was good at listening to them compared to the local CCG average of 93% and national average of 91%.
- 95% 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 92% and national average of 91%.
- 99% 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%.
- 98% said they found the receptionists at the practice helpful compared to the local CCG average of 87% and national average of 87%.

We looked at the results of the practice survey carried out in January 2016 and the Friends and Family test. They were also very positive about the services delivered.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published in January 2016 showed patients responded positively to

Are services caring?

questions about their involvement in planning and making decisions about their care and treatment. The practice was similar to or above the local CCG and national average, for example:

- 90% 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%.
- 82% 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 85% and national average of 82%.
- 95% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 91% and national average of 90%.
- 90% 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 87% and national average of 85%.

Patients told us they were given information and support when required. One patient commented they had been supported by the GPs, nurses and staff through a very difficult time when they were referred with a potentially serious condition.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw a notice in the reception area informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

There was information available in the waiting room for patients about how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. The practice did not have a carers' register however one was set up during the inspection. The practice did 'social prescribing' and sign posted carers to the local services such as memory cafés and local centres for support and advice.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. 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.

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

- There were longer appointments available for people with a learning disability.
- Appointments could be made on line, via the telephone and in person.
- Patients could register to receive text messages to remind them of appointments. Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- A direct line telephone number was given to patients who were at high risk of admission to hospital as well as the dispensary telephone number so they could access advice about medicines quickly.
- There were disabled facilities available and all the consulting and treatment rooms were on the ground floor. The front door was not automatic but it was visible from the reception desk so staff would be able to see if a patient needed assistance to enter.
- There was no hearing loop but staff could take patients to a private area or ask them to write things down if they had difficulty communicating. We saw that one patient who was deaf received information via texts.
- The alcohol support worker attended the practice to see patients when required.
- The Walkergate surgery had limited space and there was no room to expand. The practice had negotiated an agreement with a neighbouring practice to start using

their premises from April 2016. This would facilitate the Walkergate practice being able to use clinical and consulting rooms and office space so they could increase the services available to their patients.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with the service was above the local CCG and national average. This reflected the feedback we received on the day. For example:

- 96% described the overall experience of their GP surgery as good compared to the local CCG average of 87% and a national average of 85%.
- 88% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 81% and the national average of 78%.

Access to the service

The practice is open between 8.00am to 6.00pm Monday to Friday. Appointments are available from 8.00am to 11.00am and 3.00pm to 5.30pm Monday to Friday. The practice, along with 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. This had been agreed with the NHS England area team.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. If patients needed to be seen urgently they would be provided with an appointment that day and staff explained they may have a wait until the GP saw them. Patients we spoke with confirmed this.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was more than 10% above the CCG and national average in three of the four questions. This reflected the feedback we received on the day. For example:

- 86% of patients were satisfied with the practice's opening hours compared to the local CCG average of 73% and national average of 75%.
- 88% found it easy to get through to this surgery by phone compared to the local CCG average of 68% and a national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 90% of patients described their experience of making an appointment as good compared to the local CCG average of 73% and national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 86% and a national average of 85%.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system in the complaints and patients information leaflets. These were available in the waiting room.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The practice did not keep a record of verbal complaints.

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

We looked at one complaint that had been received in the last 12 months and found this was satisfactorily handled and dealt with in a timely way. For example, the patient and their relative were involved in the complaint investigation and the practice was open when dealing with the complaint. They were satisfied with the outcome.

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 aims and objectives of how they would deliver their service however these were not displayed for patients and staff. Staff knew and understood the values of the practice.
- The practice had a strategy for the following 12 months regarding how they would continue to deliver their vision, however the strategy and supporting business plan were not documented.

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.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit and monitoring was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

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

The provider was aware of and complied with the requirements of the Duty of Candour. This requires any patient harmed by the provision of a healthcare service to

be informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unintended or unexpected safety incidents:

- 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.
- They kept records of written correspondence and verbal communication.

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

- Staff told us that regular team meetings were held. A whole practice staff meeting was held every six months and issues affecting the practice were discussed, for example ideas for how the practice was going to deliver its services in the future..
- 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 practice manager. 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.
- One of the GP Partners was the chair of the local Clinical Commissioning Group.

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

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

- The practice had gathered feedback from patients through
- The practice had also gathered feedback from staff, generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give

Are services well-led?

Good 

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

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. For example, following a suggestion from staff a stand was purchased to hold the disposable covers for the ear examination torch. This meant the covers could be kept in the room and the staff did not have leave the room each time they needed one.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and looked to improve outcomes for patients in the area.