

Willerby and Swanland Surgery

Quality Report

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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 Willerby and Swanland Surgery on 19 July 2016. We visited the main surgery in Willerby and the branch surgery at Swanland during the inspection. 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were able to get same day appointments and pre bookable appointments were available.
- 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:

- Implement a process so that a written record is kept of references for new staff.
- Implement a process for the GPs to complete mandatory training at required intervals.

Summary of findings

- Carry out fire drills at required frequencies.
- Undertake planned individual appraisal discussions with all staff.

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 from the Quality and Outcomes Framework (QOF) for 2014/2015 showed patient outcomes were 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 GP survey regarding aspects of care showed that patients rated the practice above the local CCG and national average for questions about the GPs and below the local CCG and national average for questions about the nurses.
- 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 GP services available was easy to understand and accessible.

Good



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 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.

- 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. Patients said they could make an appointment with a named GP however some patients said it could be difficult to get appointments at the Swanland surgery, particularly to book in advance.
- 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.

Good



Are services well-led?

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

- 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.

Good



Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over the age of 75 had a named GP.
- The practice had assessed the older patients most at risk of unplanned admissions and had developed care plans.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data for 2014/2015 showed that outcomes were good for conditions commonly found in older people. 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.
- The practice was participating in the EASYcare Project. The practice would work with social care staff to undertake a needs based assessment of all the practice patients over 75 years of age, those living in care homes and learning disability units. This would identify a summary of the patient's needs, allowing them to be signposted to appropriate local resources. The information would then be used by the practice to inform patients care plans. It would also help to shape future services in the town.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90% compared to the local CCG and England average of 88%.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- 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.

- 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 comparable to the local CCG area for all standard childhood immunisations. For example, rates for all immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 91% to 98% compared to 94% to 98% for the local CCG area.
- 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 86% compared to the local CCG average of 85% and the England average of 82%.
- 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 and worked with the health visiting service to follow up any concerns.

Good



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.

Good



Summary of findings

- 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.
- Early morning appointments were available during the week.
- The practice referred and sign posted people who needed support for alcohol or drug problems to local counselling services.

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.
- Nursing staff used easy read leaflets to assist patients with learning disabilities to understand their treatment.
- 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.
- Staff had completed training in the identification of potential exploitation and female genital mutilation.
- Telephone interpretation services were available and information leaflets in different languages were provided when required.

Good



People experiencing poor mental health (including people with dementia)

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

- Nationally reported data from 2014/2015 showed 95% 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 and England average of 84%.

Good



Summary of findings

- Nationally reported data from 2014/2015 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 100%. This was above the local CCG average of 91% and the England average of 88%.
- 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. Staff had completed dementia friends training (a dementia friend is someone who learns more about what it is like to live with dementia and turns that understanding into action).
- 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.

Summary of findings

What people who use the service say

The National GP patient survey results published in July 2016 showed 217 survey forms were distributed for Willerby and Swanland Surgery and 113 forms were returned, a response rate of 61%. This represented 1% of the practice's patient list. The practice was performing similar to or above the local CCG and national averages in 18 of the 23 questions. For example:

- 80% were satisfied with their GP practice opening hours compared with the local CCG average of 74% and national average of 76%.
- 89% stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared the local CCG and national average of 85%.
- 82% described their experience of making an appointment as good, compared to the local CCG average of 72% and national average of 73%.
- 91% 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%.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit and questionnaires to be completed during the inspection day. We received 18 completed comment cards and 14 questionnaires from patients attending the Willerby surgery and 25 completed comment cards and nine questionnaires from patients attending the Swanland surgery. They were very positive about the standard of care received. Patients said staff were polite and helpful and treated them with dignity and respect. Patients described the service as excellent and very good and said staff were friendly, caring, listened to them and provided advice and support when needed. Six patients said it could be difficult to get appointments at the Swanland surgery, particularly to book in advance.

The Friends and Family Test (FFT) results from January 2016 to May 2016 showed 87% were extremely likely or likely to recommend the practice.

Feedback on the comments cards, the questionnaires and from the FFT reflected the results of the national survey. Patients were very satisfied with the care and treatment received.

Areas for improvement

Action the service SHOULD take to improve

Importantly the provider should:

- Implement a process so that a written record is kept of references for new staff.
- Implement a process for the GPs to complete mandatory training at required intervals.
- Carry out fire drills at required frequencies.
- Undertake planned individual appraisal discussions with all staff.

Willerby and Swanland Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector and included a second CQC Inspector and a GP Specialist Advisor.

Background to Willerby and Swanland Surgery

Willerby and Swanland Surgery, 45 Main Street, Willerby, East Riding HU10 6BP, is located on the outskirts of Hull and is close to local bus routes. There is a small amount of car parking available including disabled parking. The practice is in a purpose built building with disabled access and consulting and treatment rooms on ground floor. There is one branch site, Swanland Surgery, The Old Pump House, West End, Swanland, East Riding HU14 3PE located in the village of Swanland which is approximately four miles from Willerby. There is disabled access and all consulting and treatment rooms are on the ground floor. This site was also visited during the inspection.

The practice provides services under a General Medical Services (GMS) contract with the NHS North Yorkshire and Humber Area Team. The registered practice population is approximately 8579, covering patients of all ages. The proportion of the practice population in the 65 years and over age groups is higher than the local CCG and England average and in the under 18 age group is similar to the local CCG and England average. The practice scores ten 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 a greater need for health services.

The practice has three GP partners and three salaried GPs, two full time and four part time. There are three male and three female GPs. There are three practice nurses and one phlebotomist (someone who takes blood), all part time and all female. There is a practice manager and a team of administrators, secretaries and receptionists and cleaners. The practice has undergone some change in the eight months prior to the inspection with the retirement of two GP Partners. Since the inspection the practice has recruited two more GPs to work at the practice.

The Willerby Surgery is open between 8am to 6pm Monday to Friday. Appointments are available from 8.30am to 11.30am and 1.30pm to 6.00pm Monday to Friday. Early morning pre-bookable appointments are available from 7.30am on a Tuesday, Wednesday and Thursday.

The Swanland surgery is open between 9am and 1pm and 2pm to 6pm on Monday, Wednesday and Thursday and from 9am to 1pm on Tuesday and 9am to 12pm on Friday. Appointments are available from 9am to 1pm Monday to Friday and 2pm to 6.00pm Monday, Wednesday and Thursday.

Information about the opening times is available on the website and in the practice leaflet.

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.

Detailed findings

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, in the practice information leaflet and on the practice website.

The practice hosts medical students from the Hull York Medical School.

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 Willerby and Swanland Surgery 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 19 July 2016. During our visit we:

- Received feedback from a range of staff including two GP partners, three practice nurses, the practice manager, the health promotion officer, administration, secretarial and receptionist staff.
- We received completed questionnaires from 14 patients who used the Willerby Surgery and nine patients who used the Swanland surgery.
- Reviewed 18 comment cards from patients who used the Willerby Surgery and 25 comment cards from patients who used the Swanland surgery where patients and members of the public shared their views and experiences.
- 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 service 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 the significant events and they were discussed at the practice meetings. Lessons were shared with staff involved in incidents to make sure action was taken to improve safety in the practice.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. For example, the wrong patient details were put on a prescription due to the GP going into the incorrect patient record, the record entered was for a patient with the same name. The practice reiterated its' policy to all staff that they should check they are in the correct patient record by checking other identifiers such as date of birth. This was discussed at team meetings and the lessons learned were shared with staff.

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 were in place to safeguard children and vulnerable adults from abuse. These arrangements 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 a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and relevant to their role. GPs were trained to child protection or child safeguarding level 3. The nurses and non clinical staff had received training in safeguarding adults; however the GPs had not completed safeguarding adults training. Staff had also completed training in the identification of potential exploitation and female genital mutilation.

- Information telling patients that they could ask for a chaperone if required was visible in the waiting room and in consulting rooms. 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. 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. Annual infection control audits were undertaken and the practice scored 87% in the audit undertaken in July 2016. Improvements had been identified as a result of the audit and the practice sent a copy of the action plan that had been developed to address these. A number of actions had been completed by the practice and plans were in place to address the remaining issues. These included the installation of carpet in the phlebotomy room.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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.

Are services safe?

- Blank prescription forms were handled in accordance with national guidance; the practice kept them securely and a procedure was in place to track prescription forms through the practice.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five 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. However verbal references had been obtained for the new GPs but these had not been documented.

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 up to date fire risk assessments, however regular fire drills had not been carried out at Swanland surgery. Staff at both surgeries were aware of what action to take in the event of a fire and there were fire marshalls at Willerby Surgery.
- 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. However some staff commented that they didn't feel there were enough staff and they sometimes felt 'pressured'. Staff told us they provided cover for sickness and holidays and locums and agency nurses 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 did not have a defibrillator or oxygen available at either surgery, a decision had been made following a risk assessment and estimation of local ambulance response times that defibrillators were not required. Also the practice had emergency drugs and nebulisers available to deal with asthma attacks and anaphylactic reactions therefore had decided that oxygen was not required.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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

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 98% of the total number of points available, compared to the local CCG average of 96% and national average of 95%. The practice had 12% exception reporting compared to the local CCG average of 10% and national average of 9%. (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 for 2014/2015 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 90% compared to the local CCG and England average of 88%.
- 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 76%. This was comparable to the local CCG average of 77% and the England average of 75%.
- 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 above the local CCG average of 89% and the national 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 95%. This was above the local CCG and England average of 84%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audit completed in the last two years, all were completed audit cycles where the improvements made were implemented and monitored. Other audits and quality assurance had been completed. These included monitoring of patients with duplicate names that had an alert on their record and the number of patients with diabetes that had attended retinal screening.
- The practice participated in applicable local audits, national benchmarking and accreditation.

Findings were used by the practice to improve services. For example, an audit had been done to check if the practice was compliant with national guidelines for DMARDs (medicines used to treat rheumatoid conditions). The audit had been repeated and showed there had been an improvement with the coding of patients records been done correctly and an increase in the number of patients who were attending for screening and monitoring of their bloods.

Effective staffing

Staff had the skills, knowledge and experience 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. Details for infection prevention and control needed to be role specific for clinical and non clinical staff.
- 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, asthma and respiratory disease.
- 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 completed appraisal forms and a general discussion had taken place at a practice meeting. Staff were advised they could speak to the practice manager individually if needed, however planned appraisal meetings were not held with individual staff. 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, peer supervision and support for the revalidation of the GP 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. The GPs had not completed training for fire safety, infection control, information governance and safeguarding adults.

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 (MCA) 2005. Staff had completed 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.
- Staff sought patients' consent to care and treatment in line with legislation and guidance. The process for seeking consent had not been monitored through records or minor surgery audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

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 86% compared to the local CCG average of 85% and the England average of 82%. Nursing staff used easy read leaflets to assist patients with learning disabilities to understand the procedure. The practice sent written reminders to patients who did not attend for their cervical screening test. The practice 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

Are services effective? (for example, treatment is effective)

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 screening.

Immunisation rates were comparable to the local CCG area for all standard childhood immunisations. For example, rates for all immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 91% to 98% compared to 94% to 98% for the local CCG area.

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 for the practice 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 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

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them the opportunity to discuss their needs in private. There was a notice informing patients this room was available.
- There were offices available where staff could answer telephones so that confidential calls were not overheard at the reception desk.
- We observed staff assisting a patient to fill a form and supporting a mother with a young baby.
- The practice had developed a 'faith card' which staff used to support themselves in understanding the needs of their patients with different faiths.

Feedback from the CQC comment cards from the questionnaires completed 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.

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

- 96% 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%.

- 96% 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%.
- 90% 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%.
- 99% 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%.
- 88% 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%.
- 85% 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%.
- 86% 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%.
- 98% 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%.
- 90% said they found the receptionists at the practice helpful compared to the local CCG and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards and questionnaires completed 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.

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above the local CCG and national average for the questions about GPs and below the local CCG and national average for the questions about nurses. For example:

Are services caring?

- 92% 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%.
- 94% 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%.
- 84% 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%.
- 79% 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 percentage of patients in the GP patient survey that said the GP was poor or very poor at giving them enough time and listening to them was 1% or less; this was below the local CCG average of 2% and national average of 4%. The percentage of patients in the GP patient survey that said the nurse was poor or very poor at giving them enough time was 1%; this was the same as the local CCG average of 1% and below the national average of 2%. The percentage of patients in the GP patient survey that said the nurse was poor or very poor at listening to them was 3%; this was above the local CCG and national average of 2%.

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.

Patient and carer support to cope emotionally with care and treatment

The practice had identified staff members to be 'carers champions' for both surgeries and since their introduction in 2015 the number of carers identified had risen from 50 to 86, this was 1% of the practice list. The practice's computer system alerted staff if a patient was also a carer.

Staff sign posted carers to local services for support and advice. There was information available in the waiting room to direct carers to the various avenues of support available to them and encouraging patients to inform the practice if they were a carer.

Staff told us that if families had suffered bereavement the practice contacted the patient/family and a visit would then be arranged if required. Staff also offered support and signposted the patient/family to bereavement support groups and other agencies if appropriate. There was information on local and national bereavement services available in the waiting room and on the practice website.

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.
- 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. There was no information in the patient leaflet or on the website informing patients these were available.
- Early morning appointments were available three times a week with GPs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The Practice nurse visited patients at home to do long term conditions reviews.
- Urgent access appointments were available for children and those with serious medical conditions.
- Consulting and treatment rooms were accessible and there was an accessible toilet.
- There was no hearing loop for patients who had a hearing impairment. Staff told us they would take patients into a private room if they were having difficulty communicating.
- Patients were able to receive travel vaccinations available on the NHS and were directed to other services for vaccines only available privately. Travel information was available on the practice website.

- Staff had a 'Faith Card' available to give them information to enable them to support people of different faiths with aspects of their care, for example dietary advice during Ramadan.

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

- 91% described the overall experience of their GP surgery as good compared to 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%.

Access to the service

The Willerby Surgery was open between 8am to 6pm Monday to Friday. Appointments were available from 8.30am to 11.30am and 1.30pm to 6.00pm Monday to Friday. Early morning pre-bookable appointments were available from 7.30am on a Tuesday, Wednesday and Thursday.

The Swanland surgery was open between 9am and 1pm and 2pm to 6pm on Monday, Wednesday and Thursday and from 9am to 1pm on Tuesday and 9am to 12pm on Friday. Appointments were available from 9am to 1pm Monday to Friday and 2pm to 6.00pm Monday, Wednesday and Thursday.

Pre-bookable appointments that could be booked up to two weeks in advance were available for GPs and nurses. Urgent appointments were also available for people that needed them.

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

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

- 80% of patients were satisfied with the practice's opening hours compared to the local CCG average of 74% and national average of 76%.

Are services responsive to people's needs?

(for example, to feedback?)

- 70% found it easy to get through to this surgery by phone compared to the local CCG average of 68% and national average of 73%.
- 82% of patients described their experience of making an appointment as good compared to the local CCG average of 72% and national average of 73%.
- 89% 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%.

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.

- The practice 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 in the complaints leaflet which was available in the waiting room. Information was also available on the practice website.

We looked at 14 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 learnt from individual complaints and action was taken as a result to improve the quality of care. For example, a complaint was received after information about a patient was given to the wrong person as the staff member had not checked the identity of the family member they were speaking to. All staff were reminded to check who they were speaking to before giving any information about a patient.

The practice utilised a protected learning time meeting each year to update staff on the complaints procedure and to review the complaints received. This was used to conduct an analysis of trends and any additional learning points identified were disseminated to all staff.

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 values were outlined on the practice website and in their statement of purpose. Staff knew and understood the values.
- The practice had a robust strategy and supporting business plan which reflected the vision and values and this was regularly monitored.

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. The GPs and practice manager were aware that the systems and staffing arrangements needed more co-ordination across the two surgeries.
- Practice policies were implemented and were available to all staff on the intranet.
- 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 systems in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GPs 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 GPs 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 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. The practice had systems in place 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 in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- 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 service manager. Staff were involved in discussions about how to run and develop the practice. The GPs and service manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 patient surveys, suggestions and complaints received. The practice was actively trying to re-launch its Patient Participation Group (PPG). We saw that a meeting had been held in March 2016 but no one had attended. A further meeting had been arranged for September 2016 and the practice was publicising this in the practice and on the website.
- The practice also gathered feedback from staff through staff meetings, appraisals, discussion and a survey. The information from the staff survey carried out in 2016 still needed to be analysed in detail. Staff told us they would

Are services well-led?

Good 

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

not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

was participating in the EASYcare Project. The practice would work with social care staff to undertake a needs based assessment of all the practice patients over 75 years of age, those living in care homes and learning disability units. This would identify a summary of the patient's needs, allowing them to be signposted to appropriate local resources. The information would then be used by the practice to inform patients care plans. It would also help to shape future services in the town.