

Practice 2, Medical Centre, Bridlington (also known as Drs Hardman, Fitzgerald, Phillips and Cooling)

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?

Requires improvement 

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 Practice 2 Medical Centre on 5 November 2015. Overall 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.
- Systems were in place to assess risks to patients however they were not always followed. Full recruitment checks had not been undertaken for GPs employed within the last 18 months at the practice. Also infection control guidance was not fully implemented in the practice.
- 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 sometimes had to wait for routine appointments and to see a named GP. Urgent appointments were 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 must make improvements;

- Ensure recruitment checks are undertaken for all staff employed at the practice.

Summary of findings

- Ensure flooring in the treatment room is easily cleaned, seamless and smooth, slip-resistant, and appropriately wear-resistant.
- Ensure all clinical waste bins are foot operated.
- Ensure an annual infection control audit is undertaken.

There were areas of practice where the provider should make improvements

- Ensure there is an audit trail of blank prescriptions forms.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared with individual staff involved in incidents to make sure action was taken to improve safety in the practice. The practice should develop a system to share lessons with all staff not just those involved in the incident.
- 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 systems, processes and practices in place to assess people safe and safeguarded from abuse. However these were not always followed, full recruitment checks had not been undertaken for GPs employed within the last 18 months at the practice. Also infection control guidance was not fully implemented in the practice.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework 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 Patient Survey showed that patients rated the practice similar to or above the local CCG and national average for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice worked with the CCG and the community matron to identify their patients who were at high risk of attending accident and emergency or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admissions or A/E attendances.
- Patients said they sometimes had to wait for routine appointments and to see a named GP. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and 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 and held regular meetings where governance issues were discussed.
- 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.

Good



Summary of findings

- 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. The patient champions group was active.
- 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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- In August 2015 the practice commenced the Easy Care project in Bridlington; a needs-based assessment of the town's over 75 year olds, those in residential or nursing care, and learning disability units. This involved compiling a list of the resident's needs and patients being signposted to appropriate local resources.
- A member of staff had been identified as the 'Care Navigator' to support the Easy Care project. We saw evidence that they had improved patients' lives, for example by arranging a community assessment for one patient and arranging social care and tai chi classes for another patient who lived alone who wouldn't go out because of a health issue.

People with long term conditions

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

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 diabetes related indicators was 100% which was 7.2% above the local CCG average and 10.8% above the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Nationally reported data from 2014/2015 showed the percentage of patients diagnosed with asthma, on the register, who had had an asthma review in the preceding 12 months was 81.8%; this was 5% above the local CCG average and 6.5% above the national average.
- 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 77%; this was 7.9% below the local CCG average and 4.8% below the national average.
- 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.

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).

Good



- 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 reflects the needs for this age group.
- A physiotherapy service was available in the practice three days per week.

Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- Nationally reported data showed the percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the preceding 12 months was 94.3%. This was 10.1% above the local CCG average and 10.3% above the national average.
- Nationally reported data from 2014/2015 showed the percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 96.3%. This was 5.5% above the local CCG average and 8% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advanced care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP patient survey results published on the in July 2015 showed the practice was performing above or in line with local CCG and national averages in most areas. There were 260 survey forms distributed for Practice 2 Medical Centre and 118 forms were returned, a response rate of 45%. This represented 1.59% of the practice's patient list.

- 68% find it easy to get through to this surgery by phone compared with a CCG average of 69% and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 91% described the overall experience of their GP surgery as fairly good or very good compared with a CCG average 88% and a national average of 85%.
- 83% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared with a CCG average 82% and a national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were positive about the standard of care received. Patients said staff were polite and helpful and always treated them with dignity and respect. Patients described the service as good or very good and said the staff were friendly and caring. Eight patients commented they sometimes had difficulty getting appointments in advance.

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

We looked at the results of a patient survey undertaken by the practice during 2015 and 'Family and Friends' (F&F) survey results for Dec 2014 to September 2015. They were also positive about the services delivered. Again some patients commented they sometimes had to wait for routine appointments and to see a named GP.

Feedback on the comments cards, from patients we spoke with, the practice survey and F&F test all reflected the results of the national survey.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment checks are undertaken for all staff employed at the practice.
- Ensure flooring in the treatment room is easily cleaned, seamless and smooth, slip-resistant, and appropriately wear-resistant.

- Ensure all clinical waste bins are foot operated.
- Ensure an annual infection control audit is undertaken.

Action the service **SHOULD** take to improve

- Ensure there is an audit trail of blank prescriptions forms.

Practice 2, Medical Centre, Bridlington (also known as Drs Hardman, Fitzgerald, Phillips and Cooling)

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector and included a second CQC inspector a GP Specialist Advisor and a Practice Manager Specialist Advisor.

Background to Practice 2, Medical Centre, Bridlington (also known as Drs Hardman, Fitzgerald, Phillips and Cooling)

Practice 2 is located in a Medical Centre on Station Avenue in Bridlington and shares the building with two other GP practices. It is close to the town centre, the train station and local bus routes. Parking is available on the street outside the practice and there is disabled access. It provides services under a General Medical Services (GMS) contract with the NHS North Yorkshire and Humber Area Team to the practice population of 7395, covering patients of all ages.

The proportion of the practice population in the 65 years and over age group is above the England average. The practice population in the under 18 age group is below the England average. The practice scored three on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. The overall practice deprivation score is higher than the England average, the practice is 30 and the England average is 23. People living in more deprived areas tend to have a greater need for health services.

The practice has five GP partners, three male and two female. There is a practice manager, one nurse practitioner, two practice nurses, two health care assistants and one pharmacist. The practice has a team of secretarial, administration and reception staff. The practice was a teaching practice for medical students.

The practice is open between 8.30am to 6.00pm Monday to Friday, with the practice taking telephone calls from 8.00am. Appointments are available from 8.30am to 10.50am and 3.00pm to 5.30pm daily. Between 10.50am and 3.00pm the phone is always answered and any urgent requests are dealt with. 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.

Whilst preparing for the inspection we identified that the details for the Registered Manager (RM) were incorrect. The RM identified on our system had left the practice however the relevant forms had not been submitted to notify CQC of the RM leaving and who the new RM would be as required by the CQC (Registration) Regulations 2009.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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 5 November 2015. During our visit we:

- Spoke with a range of staff including three GPs, one nurse practitioner, a practice nurse, a health care assistant and a pharmacist. We also spoke with the practice manager, the senior receptionist and two receptionists.
- Spoke with seven patients who used the service and talked with carers and/or family members.
- Reviewed 43 comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.
- Reviewed testimonials from other professionals who worked with the practice. These included the Matron from the palliative care ward at the local community hospital, the Community McMillan Nurse, the manager from a local care home for people with learning disabilities and a locum GP.

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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. However, they did not complete an annual review of all the incidents to identify any themes or trends, for example how many medicines related incidents or administration errors were occurring. Without this the practice would not know if actions they had put in place to reduce the risk of incidents happening again were working.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared with individual staff involved in incidents to make sure action was taken to improve safety in the practice. However lessons were not always shared with staff if they were not involved in the incident. We saw examples of incidents reported and action taken. For example a two week wait referral was faxed on the same day a patient was seen by the GP. After two and a half weeks when the patient had not received their appointment the practice followed up the referral and the hospital said they had not received it. The practice changed their procedure to keep a copy of the original fax until confirmation of the patient's appointment has been received so they would know if an appointment had not been made for the patient. The incident was discussed at staff meetings and all staff reminded of the new procedure to be followed.

People affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.

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 Level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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 and we saw evidence that action was taken to address any improvements identified as a result. Hand hygiene audits had been undertaken however an annual infection control audit had not been carried out. There was carpeted flooring in the clinical treatment room and there were no records to show how often this was cleaned. Some clinical waste bins were not foot operated.
- The arrangements for managing medicines in the practice, including emergency drugs and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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 however there was no system in place which would identify if blank prescriptions were missing. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical

Are services safe?

conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed three personnel files for staff employed since April 2013 and found that appropriate recruitment checks had been undertaken prior to employment for these staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However for three GPs that had been employed since April 2014 we saw that identity, registration with the appropriate professional body and DBS checks had been undertaken for them but there was no evidence of previous employment, professional qualifications or references available. We discussed this with the practice manager and they told us that the three GPs were known to the practice before they were employed therefore they had not undertaken these checks.

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 with a poster in the reception office. The practice had a fire risk assessment and a fire warden in place. Fire drills had been carried out and staff we spoke with were able to describe the action they would take in the event of a fire. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to

ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for all the different staffing groups to ensure that enough staff were on duty. Staff we spoke with told us they provided cover for sickness and holidays and locums were engaged when required.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There was also a first aid kit and accident book available.
- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen, with adult and children's masks.
- 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.
- 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 relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Results from 2014/2015 showed the practice achieved 98.2% of the total number of points available. Practices can exclude patients which is known as 'exception reporting', lower exception reporting rates are more positive. The practice exception reporting rate was 21.9% which was above the local CCG and national average. The practice was aware of their high exception rate, had identified the reasons for this and was taking action to address it. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 100% which was 7.2% above the local CCG and 10.8% above the national average.
- Performance for mental health related indicators was 100% which was 4.6% above the CCG and 7.2% above the national average.
- The percentage of patients with COPD who had had a review, undertaken by a healthcare professional, including an assessment of breathlessness in the preceding 12 months was 95.2%. This was 6.1% above the local CCG and 5.4% 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 81.8%. This was 5% above the local CCG and 6.5% above the national average.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and 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, following the issue of a medicines alert an audit was undertaken to identify patients who were having two different medicines prescribed as a repeat prescription, 25 patients were identified and the medicines were stopped. The alert said that the medicines should not be prescribed repeatedly. A further audit was done and found that no patients were on repeat prescriptions for the two medicines and they were being used in line with current guidance.

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, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during clinical sessions, one-to-one meetings,

Are services effective?

(for example, treatment is effective)

appraisals, coaching and mentoring, clinical and peer support supervision and facilitation and support for the revalidation of doctors. Staff received annual appraisals, however the practice manager had not been appraised.

- 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 were also available.
- The practice shared relevant information with other services in a timely way, for example when people were referred to other services.
- We reviewed testimonials from other professionals who worked with the practice. These included the Matron from the palliative care ward at the local community hospital, the Community McMillan Nurse, the manager from a local care home for people with learning disabilities and a locum GP. They all commented on how well the practice staff worked with them to ensure patient received safe, effective care.

Staff worked together, and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. The practice had introduced a 'Personal Secretary' system so each GP had a receptionist assigned to them that was responsible for ensuring all tasks were followed up appropriately, ensuring continuity of care and facilitating care navigation for the patients.

We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent had not been monitored through records audits to ensure it met the 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.
- Local Health Trainers attended the practice once a week to provide smoking cessation advice and other health promotion interventions.

The practice had a comprehensive screening programme. QOF data from 2014/2015 showed the practice's uptake for the cervical screening programme was 77%, which was 7.9% below the local CCG and 4.8% below the national average. There was also a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from 2014/2015 showed childhood immunisation rates for the vaccinations given were relatively high and were above or comparable to the CCG and national averages for children aged 12 months, two and five years.

Are services effective?

(for example, treatment is effective)

For example, rates for 15 of the 18 immunisations were above 93%. Flu vaccination rates for the over 65s were 70.2%, and for clinical at risk groups 41.3%. These were also comparable to the local CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. QOF data from

2014/2015 showed the percentage of patients aged 45 or over who had a record of blood pressure in the preceding five years was 92.2%, this was 1.3% above the local CCG and 1.2% above the national average. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

All of the 43 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with seven patients including two members of the patient champions group (PCG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Staff responded compassionately when they needed help and provided support when required.

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

- 88% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 91% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.

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

Care planning and involvement in decisions about care and treatment

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

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

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.
- 88% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.

Are services caring?

- 84% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. The practice did 'social prescribing' and sign posted carers to local centres for support where they could obtain advice and attend coffee mornings.

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

One of the GPs had a special interest in palliative and end of life care and worked closely with the staff on the palliative care ward at the local hospital. We reviewed testimonials from the Matron at the hospital and the Community MacMillan Clinical Nurse Specialist and both commented on the high standard of care that the GPs at the practice provided for this group of patients and their relatives/carers. They said 'the ethos of the surgery as a whole was one of kindness, responsiveness and compassion'. They also said the GPs were responsive, proactive and were constantly willing to go the extra mile to ensure the patients and their families felt cared for, listened to and supported throughout this very difficult period in their lives. They also said on many occasions, reception staff and secretaries had gone above and beyond their roles to help sort out problems for patients and their families and they treated everyone with respect.

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 matron to identify their patients who were at high risk of attending accident and emergency or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admissions or A/E attendances.

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.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available. There was no hearing loop available for patients who had hearing difficulties. Reception staff told us they would take patients to a private area to talk to them if they had a hearing problem.
- In August 2015 the practice began participating in the Easy Care Project. This would identify and respond to, unmet health and care needs of all people over 75 years of age, those living in care homes and learning disability units in Bridlington. One of the practice staff had been identified as a 'Care Navigator' who 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 populate patients care plans. It would also help to shape future services in the town.

Access to the service

The practice was open between 8.30am to 6.00pm Monday to Friday, with the practice taking telephone calls from 8.00am. Appointments were available from 8.30am to 10.50am and 3.00pm to 5.30pm daily. Between 10.50am and 3.00pm the phone was always answered and any urgent requests were dealt with. The practice, along with all other practices in the East Riding of Yorkshire CCG area had a contractual agreement for the Out of Hours provider to provide OOHs services from 6.00pm. This had been agreed with the NHS England area team.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. If patients needed to be seen urgently they would be fitted in that day and staff explained they may have a wait until the GP saw them. Feedback on the comments cards from seven patients and from patients we spoke with said it was sometimes difficult to get an appointment. The week before our inspection the practice did not provide the minimum number of face to face appointments as recommended by the Royal College of GPs. The practice was aware of this issue with appointments through surveys and the patient champions group and had recently reviewed their appointment system. One result had been to redesign the morning session which had added 22 additional appointments, a 10% increase, to a normal working week.

The practice had also recently taken advantage of a scheme to place a physiotherapist in the surgery for three sessions per week. The reception staff could now direct patients to the Physiotherapist for appropriate appointments rather than seeing the GP first to make a referral, thus freeing up GP slots. The practice was continuing to monitor and review its appointment system regularly.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.

Are services responsive to people's needs?

(for example, to feedback?)

- 68% patients said they could get through easily to the surgery by phone compared to the CCG average of 69% and national average of 73%.
- 75% patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- Information was available to help patients understand the complaints system. Information was on the practice website, in the patient information and complaints leaflets.

We looked at seven complaints received since January 2015 and found these were satisfactorily handled and dealt with in a timely way. We saw that patients were involved in the complaint investigation and the practice was open when dealing with the complaint.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, following a complaint about confusion over payment for a test not available on the NHS, staff were reminded of what tests were available on the NHS and to make sure patients were charged if necessary to ensure equality for all patients.

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 vision to deliver high quality care and promote good outcomes for patients.

- This was displayed on the website and in the practice for patients and staff to see. Staff we spoke with knew and understood the vision.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were 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.
- 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 was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Actions plans for audits, significant events analysis (SEA) and complaints did not always include review dates, actions taken and who had responsibility for ensuring actions are completed.

Leadership, openness and transparency

The partners in the practice 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 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. 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 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 all 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.
- 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 partners 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.

- It had gathered feedback from patients through the patient champions group which had worked with the GPs and practice staff to set up Tai Chi exercise classes, these were now provided in location outside of the medical centre for patients to access.
- 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.

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 part of local pilot schemes to improve outcomes for patients in the area.

The practice received funding from the local CCG to look at innovation. The practice was leading the on-going work in Bridlington to bring health and social care services all together in one building and develop new models of care.

The Practice was a member of Brid Inc Ltd, and was working in partnership with other local practices, social services and community services to improve the health and wellbeing of the local population. Uniting healthcare was a key aim of Brid Inc Ltd by bringing together the key individuals who create the health and social care services. Using strategies that have worked in other areas, Brid Inc Ltd's wish was to provide Bridlington with solutions to the unique healthcare needs in their area. The senior partner at Practice 2 was the Executive Chair of Brid Inc Ltd.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable in assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. They had failed to use appropriate flooring in the treatment room; provide foot operated clinical waste bins in all clinical areas; undertake an annual infection control audit.</p> <p>This was in breach of regulation 12(1)(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable in ensuring appropriate recruitment checks were undertaken before staff were employed. No references had been obtained for some staff; qualifications had not been verified; information was not available as specified in schedule 3.</p> <p>This was in breach of regulation 19(1)(a) (b) (c) (2)(a) 3(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>