

Montague Medical Practice

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 Montague Medical Practice on 17 November 2015. The practice is rated as good.

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

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

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

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

Importantly the provider should:

- Ensure all staff are up to date with mandatory training.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Patients affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were comparable to the local CCG 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 all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. 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 were able to make urgent appointments the same day.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



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

Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

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

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

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, performance for heart failure indicators was 100%, this was 1.9% above the local CCG average and 2.1% 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 GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



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 relatively high for all standard childhood immunisations.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 78.4%, this was 6.5% below the local CCG average and 3.4% below the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was a 'one stop shop' approach which offered a post natal check appointment for the mother that was followed by an appointment with the nurse for the baby to have their first immunisations.
- We saw good examples of joint working with midwives, health visitors and school nurses.

The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns.

Working age people (including those recently retired and students)

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

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

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances which would include homeless people, travellers or those with a learning disability.
- They offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good



Summary of findings

- They 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.
- The practice worked closely with the Migrant Support Service to ensure these patients received help when required.
- Telephone interpretation services and information leaflets in different languages were available at the practice.

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 81.2% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was 3% points below the local CCG average and 2.8% below the national average.
- Nationally reported data from 2014/2015 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 87%. This was 3% below the local CCG average and 0.4% below 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.
- They 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.
- They had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia. Staff referred patients to the memory café in Goole.
- There was an in-house counselling service for patients requiring support with drugs and/or alcohol problems.

Good



Summary of findings

What people who use the service say

The National GP patient survey results published in July 2015 showed the practice was performing similar to the local CCG and national averages in questions about their care and treatment from the GPs, nurses and receptionists. They were below the CCG and national averages for questions about the appointment system. There were 295 survey forms distributed for Montague Medical Practice and 113 forms were returned, a response rate of 38.3%. This represented 1.2% of the practice's patient list.

- 63.7% found it easy to get through to this surgery by phone compared with a CCG average of 68.8% and a national average of 73%.
- 76.3% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.9% and a national average of 85.2%.
- 85.7% described the overall experience of their GP surgery as good compared with a CCG average of 87.7% and a national average of 84.8%.
- 85.2% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 82.2% and the national average of 77.5%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were very positive about the standard of care received. Patients said staff were polite and helpful and treated them with dignity and respect. Patients described the service as excellent and very good and said the staff were friendly, caring and listened to them. On three of the comments cards patients said it is sometimes difficult trying to get through to the practice first thing on a morning.

We spoke with five patients during the inspection, including one member of the Patient Participation Group (PPG). They also confirmed that they had received good care and attention and they felt that the staff treated them with dignity and respect. They all commented they were able to get appointments when needed.

We looked at the results of the practice survey and 'Family and Friends' (F&Fs) survey results for Dec 2014 to July 2015. They were also very positive about the services delivered.

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

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure all staff are up to date with mandatory training.

Montague Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Montague Medical Practice

Montague Medical Practice is located in a purpose built health centre on Fifth Avenue in Goole. It is close to the town centre and local bus routes. Parking is available next to 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 9152, covering patients of all ages.

The proportion of the practice population in the 65 years and over age group is slightly above the England average. The practice population in the under 18 age group is slightly above the England average. The practice scored five on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have greater need for health services. The overall practice deprivation score is slightly higher than the England average, the practice is 25.4 and the England average is 23.6. The practice has a larger than average migrant population.

The practice has five GP partners, four female and one male. There are two practice nurses and a health care

assistant. There is a practice manager, an assistant practice manager and a team of administration, reception and secretarial staff. The practice was in the process of recruiting another practice nurse.

The practice is open between 8.00am to 6.00pm Monday to Friday. Appointments are from 8.30am to 5.50pm Monday to Friday, and by booking in advance, between 8.15am to 10.45am on a Saturday. The practice, along with all other practices in the East Riding of Yorkshire CCG area have a contractual agreement for the Out of Hours provider to provide OOHs services from 6.00pm. This has been agreed with the NHS England area team.

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

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:

Detailed findings

- 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 17 November 2015. During our visit we:

- Spoke with a range of staff including two GPs, one practice nurse and the health care assistant. We also spoke with the practice manager, the reception manager and the secretary.
- Spoke with 5 patients, including one member of the Patient Participation Group (PPG), who used the service and talked with carers and/or family members.
- Reviewed 18 comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any significant events.
- A significant event review meeting was held quarterly with the GPs, nurses and practice manager where they reviewed all the significant events and actions taken to prevent a recurrence.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient was given a prescription for an antibiotic that was not appropriate to treat the patient's condition. The practice changed its procedure so that the GP had a discussion with a microbiologist before they prescribed this particular antibiotic to ensure it was appropriate for the patient's condition. The practice needed to ensure when relevant, it shared lessons with the administration staff.

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 children level three.
- Information telling patients that they could ask for a chaperone was visible in the waiting room and consulting rooms. Nursing and reception staff acted as

chaperones and understood their responsibilities, including where to stand to be able to observe the examination. Nursing staff 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). Reception staff had completed chaperone training and a risk assessment had been completed to ensure they were never alone with a patient when chaperoning. DBS checks were being carried out for all reception staff.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. Infection control monitoring was undertaken throughout the year and annual infection control audits were completed. Action was taken to address any improvements identified. Not all bins were foot operated as recommended in IPC guidance.
- 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 and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- 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 a fire risk assessment in place. Fire drills had been carried out and staff had been trained.
- 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 staff groups to ensure that enough staff were on duty. Staff we spoke with told us they provided cover for sickness and holidays and locums were engaged when required. The practice was in the process of recruiting an additional GP and nurse to increase capacity.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen, with adult and children's masks.
- There was a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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 92.6% of the total number of points available, with 11.6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Lower exception reporting rates are more positive. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 69.8%, this was 23% below the local CCG average and 19.4% below the national average.
- Performance for mental health related indicators was 92.3%, this was 3.1% below the local CCG average and 0.5% below the national average.
- 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 77%. This was 12.1% below the local CCG average and 12.8% below 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 74.1%. This was 2.7% below the local CCG average and 1.2% below the national average

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last year with 2 complete audits and one single cycle audit and some observational studies. We looked at the three audits in detail; one of these was a completed audit 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, an audit in 2014 of patients newly diagnosed with chronic obstructive pulmonary disease (COPD) showed that patients were having the required investigations and tests performed within six months of diagnosis. This showed an improvement in most areas from an audit that was done in 2012 and showed the practice was following NICE guidance for COPD.

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 e.g. 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 meetings, one-to-one meetings, appraisals, mentoring, peer support supervision and facilitation and support for the revalidation of the GPs.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Not all staff were up to date with their mandatory training, for example health and safety. 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.

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

Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff 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.
- 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.

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.
- There was a counselling service at the practice for people who needed support with alcohol or drug problems.

The practice had a comprehensive screening programme. Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 78.4%, this was 6.5% below the local CCG average and 3.4% below the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from 2014/2015 showed childhood immunisation rates for the vaccinations given were relatively high and were comparable to the CCG and national averages for children aged 12 months, two and five years. For example, rates for 16 of the 18 immunisations were above 90%. Flu vaccination rates for the over 65s were 69.2%, and for clinical at risk groups 43.8%. 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 87.7%, this was 3.2% below the local CCG average and 3.3% below 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.
- We observed reception staff supporting a patient using oxygen therapy, they were efficient and very aware of the patient's condition and the support they required.

All of the 18 patient CQC comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with five patients, including one member of the Patient Participation Group (PPG). They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients said staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2015 showed patients were very satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was above the CCG and national average in all but two areas for consultations with GPs and nurses. For example:

- 89.6% said the GP gave them enough time compared to the CCG average of 89.7% and national average of 86.6%.
- 94.6% said the GP was good at listening to them compared to the CCG average of 92.2% and national average of 88.6%.

- 91.3% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.9% and national average of 85.1%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 97.1% and national average of 95.2%.
- 90.6% said the nurse gave them enough time compared to the CCG average of 93.7% and national average of 91.9%.
- 91.6% said the nurse was good at listening to them compared to the CCG average of 92.6% and national average of 91%.
- 90.2% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.5% and national average of 90.4%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98.3% and national average of 97.1%.
- 89.4% said they found the receptionists at the practice helpful compared to the CCG average of 87.6% and national average of 86.6%.

We looked at the results of the practice survey and 'Family and Friends' (F&Fs) survey results for December 2014 to July 2015. They were also very positive about the services delivered.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey 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 or comparable to the local CCG and national averages, for example:

Are services caring?

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.2% and national average of 86%.
- 91.7% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85.2% and national average of 81%.
- 93.6% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90.2% and national average of 89.6%.
- 85.4% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86.8% and national average of 84.8%.

Staff told us that translation services were available for patients who did not have English as a first language and Google translate was available on the practice website. There were leaflets available in other languages.

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 advised patients where they could access help and support and sign posted carers to local centres.

Staff told us that if families had suffered bereavement, the GP contacted them. 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.

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.
- A text messaging service was available to remind patients about their appointments.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Home visits were available for older patients and patients who 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 but staff would take patients to a private area or ask them to write things down if they had difficulty communicating.
- There was a bell at the front entrance for patients to ring if they were having difficulties opening the door and needed assistance from staff. There was no notice on the door advising patients they could ring for assistance from staff.
- The practice had a larger than average migrant population and worked closely with the Migrant Support Service to ensure these patients received help when required.

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with the service was above or comparable to the local CCG and national averages. This reflected the feedback we received on the day. For example:

- 85.7% described the overall experience of their GP surgery as good compared with a CCG average of 87.7% and a national average of 84.8%.
- 85.2% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 82.2% and the national average of 77.5%.

Access to the service

The practice was open between 8.00am to 6.00pm Monday to Friday. Appointments were available from 8.30am to 5.50pm daily, and by booking in advance, between 8.15am to 10.45am on a Saturday. The practice, along with other practices in the East Riding of Yorkshire CCG area had a contractual agreement for the Out of Hours provider to provide OOHs services from 6.00pm. This had been agreed with the NHS England area team.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. If patients needed to be seen urgently they would be provided with an appointment that day and staff explained they may have a wait until the GP saw them. Patients we spoke with confirmed this. On three of the comments cards patients said it was sometimes difficult trying to get through to the practice first thing on a morning.

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

- 65.4% of patients were satisfied with the practice's opening hours compared to the local CCG average of 73.2% and national average of 74.9%.
- 63.7% found it easy to get through to this surgery by phone compared with a CCG average of 68.8% and a national average of 73%.
- 69.2% of patients described their experience of making an appointment as good compared to the local CCG average of 73.4% and national average of 73.3%.

Are services responsive to people's needs?

(for example, to feedback?)

- 76.3% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.9% and a national average of 85.2%.

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 eight complaints received in the last 12 months 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. For example, a parent was not happy that they could not book their son into a vaccination clinic. The practice contacted them and explained that there had been a supply problem and the practice had resolved this and was able to offer the child an appointment.

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 practices' vision was outlined in their mission statement which was displayed in the practice, although this was not displayed on the website. Staff we spoke with understood the vision. The practice had a strategy for the following 12 months which outlined how they would continue to deliver their vision.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit and monitoring was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Actions plans for audits, significant events analysis (SEA) and complaints did not always include review dates, actions taken and who had responsibility for ensuring actions were completed.

Leadership, openness and transparency

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

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

be informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it. A Duty of Candour protocol was available for staff. The partner 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:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept records of written correspondence and verbal communication.

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

- Staff told us that regular team meetings were held.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, by the GPs and practice manager. All staff were involved in discussions about how to run and develop the practice. The GPs and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 following a suggestion the practice amended the self-check in screen so that when patients checked in it gave them an indication of how long they may be waiting.
- A patient from the migrant population was a member of the PPG.
- Feedback was provided to patients on the website, in the practice newsletter and in the waiting room with a 'You said, We did' display which provided a response to suggestions from patients.

Are services well-led?

Good 

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

- The practice had also gathered feedback from staff, generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, following suggestions from staff a clear window that was between the reception office and one of the treatment rooms was replaced with obscured glass to improve privacy.

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 had well developed plans for an extension to their premises which would improve facilities and the capacity to deliver services. All the staff we spoke with told us they had been involved in discussions about the new development and how it would function.