City Health Care Partnership CIC - The Wolds Primary Care 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 City Health Care Partnership CIC - The Wolds Primary Care Practice on 15 July 2016. The practice, which provides a service to registered patients as well as a nurse led walk in service, 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.
- The practice had arrangements in place to identify patients that were attending the minor injuries unit (MIU) with 'red-flag' ailments. Red-flag ailments are those that could be deteriorating health situations for example chest pains, shortness of breath and children's health problems. New walk-in patients indicated their current health status to the receptionists on their registration at reception.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were able to get same day appointments and pre bookable appointments were available.
- Urgent care was available on the same day for registered patients with the GPs and for un-registered patients via the walk in service. Arrangements were in place to ensure continuity of care by referring patients back to their registered GP once their care in the minor injuries unit had been completed.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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

Importantly the provider should:

- Implement a system to identify the patients with the most urgent needs through early assessment by a clinician.

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?

Good

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.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) for 2014/2015 showed patient outcomes were comparable to the local CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2016 showed that patients rated the practice similar to or higher than others for most 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 GP services available and the nurse led walk in service was easy to understand and accessible.

Summary of findings

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances. Practice data showed that the percentage of patients on the unplanned admissions register who had an unplanned admission had reduced from 40% in January to March 2016 to 20% in April to June 2016.
- Urgent appointments were available the same day via the walk in service. Patients said they could make an appointment with a named GP however they may have to wait a few weeks to see them.
- 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?

Good

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.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over the age of 75 had a named GP.
- The practice had assessed the older patients most at risk of unplanned admissions and had developed care plans. The practice was participating in the EASY Care Project. The practice would work with social care staff to undertake a needs based assessment of all the practice patients over 75 years of age, those living in care homes and learning disability units. This would identify a summary of the patient's needs, allowing them to be signposted to appropriate local resources. The information would then be used by the practice to inform patients care plans. It would also help to shape future services in the town.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data for 2014/2015 showed that outcomes were good for conditions commonly found in older people. For example, performance for heart failure indicators was 100%; this was 1.9% above the local CCG average and 2.1% above the England average.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 86% compared to the local CCG and England average of 88%.
- Longer appointments and home visits were available when needed.

Summary of findings

- Patients with LTCs had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances or who failed to attend hospital appointments.
- Immunisation rates were comparable to or higher than the local CCG area for all standard childhood immunisations. For example, rates for all immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 90% to 100% compared to 94% to 98% for the local CCG area.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 95% compared to the local CCG average of 85% and the England average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Telephone consultations were available every day with a call back appointment arranged at a time to suit the patient, for example during their lunch break.
- Appointments were available on a morning on Saturdays, Sundays and bank holidays with the GP. Saturday morning appointments with the practice nurse were available once a month. Early morning appointments were available during the week with nurses and Health Care Assistants.
- The practice hosted clinics and services including counselling services and drugs and alcohol misuse.

People whose circumstances may make them vulnerable

Good

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

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

People experiencing poor mental health (including people with dementia)

Good

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

- Nationally reported data from 2014/2015 showed 91% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was above the local CCG and England average of 84%.

Summary of findings

- The practice carried out advanced care planning for patients with dementia. Staff had completed dementia friends training (a dementia friend is someone who learns more about what it is like to live with dementia and turns that understanding into action).
- 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 93%. This was above the local CCG average of 91% and the England average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The National GP patient survey results published in July 2016 showed 268 survey forms were distributed for City Health Care Partnership CIC - The Wolds Primary Care Practice and 102 forms were returned, a response rate of 38%. This represented 4% of the practice's patient list. The practice was performing similar to or above the local CCG and national averages in 17 of the 22 questions. For example:

- 99% were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours compared with the local CCG average of 74% and national average of 76%.
- 86% stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared the local CCG and national average of 85%.
- 90% described their experience of making an appointment as good, compared to the local CCG average of 72% and national average of 73%.
- 95% described the overall experience of their GP surgery as good, compared with the local CCG average of 86% and national average of 85%.
- 91% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 81% and national average of 78%.

The practice patient survey data for the minor injuries unit for 2015 showed that patients were very satisfied with the service. For example:

93% of patients said they very satisfied or fairly satisfied with their overall experience of the service.

93% of patients said they would be extremely likely or likely to recommend the service to friends or family.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We received 28 completed comment cards from patients attending the GP Practice 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 staff were friendly, caring, listened to them and provided advice and support when needed.

We spoke with one member of the patient participation group (PPG) and received questionnaires that were completed during the inspection from 15 patients who used the GP service. They were also very positive about the care and treatment received and patients said they were able to get appointments when they needed them.

We received nine CQC comments cards and two completed questionnaires from patients using the nurse led walk in service. Feedback was very positive, patients said they were seen promptly and the treatment they received was very good. One patient commented it was the best treatment they had had for a particular type of injury. Patients said staff were caring, kind and understanding.

The Friends and Family Test (FFT) results from January 2016 to May 2016 showed 85% were extremely likely or likely to recommend the practice.

Feedback on the comments cards, the questionnaires and from patients we spoke with reflected the results of the national GP survey published in July 2016. Patients were very satisfied with the care and treatment received.

Areas for improvement

Action the service SHOULD take to improve

Implement a system to identify the patients with the most urgent needs through early assessment by a clinician.

City Health Care Partnership CIC - The Wolds Primary Care Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector and included a GP Specialist Advisor.

Background to City Health Care Partnership CIC - The Wolds Primary Care Practice

Please note that when referring to information throughout this report, for example any reference to population groups, this relates to only the patients registered at the practice.

City Health Care Partnership CIC (CHCP) - The Wolds Primary Care Practice, Entrance A, Bridlington Hospital, Bessingby Road, Bridlington YO16 4QP is located two miles from the town centre in Bridlington Hospital. There are local buses serving the hospital that come into the hospital grounds. There is a car parking available including disabled parking. There is disabled access and consulting and treatment rooms are all on the ground floor. The practice is part of a larger group, City Health Care Partnership CIC, which is led by a senior regional operations team.

The practice provides a GP practice service and Minor Injuries and Minor illness (MIU) walk in service under an Alternative Primary Medical Services (APMS) contract with the NHS North Yorkshire and Humber Area Team. The minor injuries unit (MIU) service is open to non registered and registered patients. The registered practice population is approximately 3277, covering patients of all ages. The practice list size has increased from 2961 in March 2016 to 3277 in June 2016. Between April 2016 and June 2016, 4676 patients attended the MIU.

The proportion of the practice population in the 65 years and over age groups is lower than the local CCG and England average. In the 0 to 5 years and 15 to 18 year age groups the proportion of the practice population is higher than the local CCG and England average. In the 5 to 14 years age group the practice is similar to the local CCG and England average. The practice scored two on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The GP practice service has one full time salaried GP who is male. There are three long term locum GPs one who is full time and two who work one session per week each. Two of the locums are male and one is female who works one session per week. There is a short term locum who is providing annual leave cover. There is a practice nurse and two health care assistants, all part time and all female.

The minor injuries walk in service (MIU) is a nurse led service. There are four nurse practitioners, all female; three are full time and one is part time. There are six additional advanced nurse practitioners/emergency care practitioners who do regular sessions at Wolds View MIU to ensure there

Detailed findings

is enough cover to meet the needs of the service. One is employed at another CHCP location and five are long term agency staff. There is a service manager and a team of administrators, secretaries and receptionists who support the GP practice and the MIU.

The GP service is open between 8am to 9pm Monday to Friday and 8.30am to 12.30pm Saturday, Sunday and bank holidays. Appointments are available from 8am to 8.30pm Monday, Wednesday and Friday and 8.30am to 8.30pm Tuesday and Thursday. GP appointments are also available between 8.30am to 12.30pm on a Saturday, Sunday and bank holidays. The MIU is a nurse led walk in service and is open 8am to 9pm seven days a week, 365 days a year.

Information about the opening times is available on the website and in the practice leaflet. The information on the website and in the patient information leaflet does not accurately reflect the times when GP appointments are available.

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

- 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 Wolds View Primary Care Centre 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 15 July 2016. During our visit we:

- Spoke with a range of staff including the salaried GP and the practice nurse. We spoke with the clinical nurse lead and a nurse practitioner from the minor injuries walk in service. We also spoke with the CHCP Head of Primary Care, the service manager, administration, secretarial and receptionist staff.
- Spoke with one member of the patient participation group (PPG) and two patient champions. We received completed questionnaires from 15 patients who used the GP practice and two patients who used the minor injuries walk in service.
- Reviewed 28 comment cards from patients who used the GP practice and nine patients who used the minor injuries walk in service where patients and members of the public shared their views and experiences of both aspects of Wolds View Primary Care Centre.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

Detailed findings

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.

Good

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. For example, after a patient attended the minor injuries unit the discharge letter sent to their GP had incorrect clinical information in it. This occurred due to an emergency situation to which the staff member was called before completing the notes. Staff were reminded not to have more than one patient record open when inputting consultations and to check patient details before inputting consultation notes. This was discussed at the team meeting and the lessons learned were e-mailed to staff.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard 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 were lead members of staff for safeguarding adults and children. A nurse practitioner was the lead for safeguarding for the walk in centre and staff also had access to the CHCP safeguarding lead if the nurse practitioner was not on duty. The GP 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. The GP, nurse practitioners, practice nurse and health care assistants were trained to safeguarding children level three.
- Information telling patients that they could ask for a chaperone if required was visible in the waiting room and in consulting rooms. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. Infection control monitoring was undertaken throughout the year. Annual infection control audits were undertaken and the practice scored 97% in the audit undertaken in June 2016. We saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The nurse practitioners had qualified as Independent Prescribers and could therefore prescribe medicines for patients attending the walk in service and for specific clinical 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 the nurse practitioners and practice nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available and a poster with details of responsible people. The practice had up to date fire risk assessments and carried out regular fire drills. Staff were aware of what action to take in the event of a fire and there were trained fire wardens.
- 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.
- The practice had arrangements in place to identify patients that were attending the minor injuries unit (MIU) with 'red-flag' ailments. Red-flag ailments are those that could be deteriorating health situations for example chest pains, shortness of breath and children's health problems. New walk-in patients indicated their current health status to the receptionists on their registration at reception. The practice had a protocol that identified 'red-flag' situations and all staff were aware of it. The waiting area of the minor injuries unit was set up in such a way that staff and clinicians were able to keep a 'watching brief' for patients that showed signs of deterioration. There was a notice advising patients to speak to the reception staff if their condition started to deteriorate. The protocols for which patients could be seen in the MIU had been shared with the local ambulance service so that only patients meeting the relevant criteria would be brought to the MIU by ambulance.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for the different staff groups to ensure that enough staff were on duty. Staff told us they provided cover for sickness and holidays and locums and agency nurses were engaged when required. The practice had advertised for a salaried GP and Advanced Nurse Practitioner (ANP) vacancies without success. The provider CHCP was planning to recruit centrally for ANPs to their Hull practices and introduce a rota system for the ANPs to undertake regular shifts at Wolds View.

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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- There was a first aid kit and accident book available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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 96% of the total number of points available, compared to the local CCG average of 96% and national average of 95%. The practice had 13% exception reporting compared to the local CCG average of 10% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data for 2014/2015 showed;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 86% compared to the local CCG and England average of 88%.
- The percentage of patients with asthma, who had had an asthma review in the preceding 12 months that included an assessment of asthma control, was 77%. This was comparable to the local CCG average of 77% and the England average of 75%.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had had a review, undertaken by a healthcare professional, including an assessment of breathlessness in the preceding 12 months was 89%. This was above the local CCG average of 89% and the national average of 90%.
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the preceding 12 months was 100%. This was above the local CCG and England average of 84%.

The practice monitored its performance and received quarterly reports on performance. We saw reports that showed for example, how many registered patients there were, how many walk-in patients had been seen and how many patients were seen, treated and discharged within two hours of arrival at the minor injuries unit.

Clinical audits demonstrated quality improvement.

- There had been one clinical audit completed in the last two years, this was a completed audit cycle where the improvements made were implemented and monitored. Other audits and quality assurance had been completed for example, monitoring of the cold chain and antibiotic prescribing.
- The practice participated in applicable local audits, national benchmarking and accreditation.

Findings were used by the practice to improve services. For example, an audit had been done to check if the practice was compliant with national guidelines for methotrexate (a medicine used to treat rheumatoid conditions). The audit was repeated and showed there had been an improvement, with the shared care guidelines being present in the patient records. Further improvement was needed to ensure a recall was placed in the patient record for bloods to be taken and actions were identified to address this. A re-audit was planned to monitor further improvement.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Good

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Nursing staff had completed training in diabetes, asthma and respiratory disease.
- The practice demonstrated that staff working in the Minor Injuries Unit had the relevant experience and skills to deliver the service. Staff had completed training in minor illnesses and minor injuries and had completed competency assessments. Agency staff also had relevant experience. Before booking any new agency staff the practice asked the agency to send confirmation of their qualifications, references and training. The practice also asked for confirmation of annual updates of statutory and mandatory training for agency staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during staff meetings, appraisals, peer supervision and support for the revalidation of the GP and nurses.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together, and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place monthly and that care plans were routinely reviewed and updated.

Arrangements were in place to ensure continuity of care by referring patients back to their registered GP once their care in the minor injuries unit had been completed. Performance data showed that in March 2016 and June 2016 details of attendance at the minor injuries unit being sent to the patient's own GP within 24 hours was 100%.

Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. Clinical staff had completed MCA training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- Staff sought patients' consent to care and treatment in line with legislation and guidance.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those with mental health problems. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. Nationally reported data from 2014/2015 showed the

Good

Are services effective?

(for example, treatment is effective)

practice's uptake for the cervical screening programme was 95% compared to the local CCG average of 85% and the England average of 82%. Nursing staff used easy read leaflets to assist patients with learning disabilities to understand the procedure. The practice sent written reminders to patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred due to abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Immunisation rates were comparable to or higher than the local CCG area for all standard childhood immunisations.

For example, rates for all immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 90% to 100% compared to 94% to 98% for the local CCG area.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Nationally reported data for the practice from 2014/2015 showed the percentage of patients aged 45 or over who had a record of blood pressure in the preceding five years was 98%, this was comparable to the local CCG and England average of 91%. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them the opportunity to discuss their needs in private. There was a notice informing patients this room was available. There was an office next to the reception desk where staff answered telephones so that confidential calls were not overheard at the reception desk.
- The reception area was located near one of the entrances to the hospital and was used by people who were not attending the practice. The Wolds View reception team signposted and dealt with queries from the public and from patients using other services at the hospital.

Feedback from the 28 CQC comment cards from the GP practice patients and nine comment cards from patients attending the minor injuries unit was very positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG) and received questionnaires that were completed during the inspection from 11 patients attending the GP service and two patients attending the minor injuries unit. They were also very positive about the care and treatment received.

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

- 84% said the last GP they saw was good at giving them enough time compared to the local CCG average of 90% and national average of 87%.
- 81% said the last GP they saw was good at listening to them compared to the local CCG average of 90% and national average of 89%.
- 76% said the last GP they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 87% and national average of 85%.
- 92% said they had confidence and trust in the last GP they saw or spoke to, compared to the local CCG average of 96% and national average of 95%.
- 94% said the last nurse they saw or spoke to was good at giving them enough time compared to the local CCG average of 95% and national average of 92%.
- 94% said the last nurse they saw or spoke to was good at listening to them compared to the local CCG average of 94% and national average of 91%.
- 94% said the last nurse they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 93% and national average of 91%.
- 98% said they had confidence and trust in the last nurse they saw or spoke to compared to the local CCG average of 98% and national average of 97%.
- 94% said they found the receptionists at the practice helpful compared to the local CCG and national average of 87%.

The practice patient survey data from 2015 for the minor injuries unit showed that patients were very satisfied with the service. For example:

100% of patients said they were satisfied or very satisfied with the amount of time the health professional spent with them.

93% of patients said they were very satisfied that the health professional listened to what they had to say.

Good

Are services caring?

100% of patients said they were satisfied or very satisfied that the health professional treated them with care and concern.

Care planning and involvement in decisions about care and treatment

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

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

- 80% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 89% and national average of 86%.
- 70% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 84% and national average of 82%.
- 94% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 92% and national average of 90%.
- 89% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 88% and national average of 85%.

The practice patient survey data from 2015 for the minor injuries unit showed that patients were very satisfied with the service. For example:

92% of patients said the health professional was very good or good at involving them in decisions about their care.

100% of patients said the health professional was very good or good at explaining tests and treatments.

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

- Staff told us that translation services were available for patients who did not have English as a first language. There was a notice in the reception area informing patients this service was available. The self-check in screen had a translation facility, this was not working at the time of the inspection but arrangements had been made for it to be repaired the following week.

Patient and carer support to cope emotionally with care and treatment

There was also information available in the waiting room to direct carers to the various avenues of support available to them and encouraging patients to inform the practice if they were a carer.

The practice had identified 97 patients as carers; this was 3% of the practice list. The practice's computer system alerted staff if a patient was also a carer. Staff sign posted carers to local services for support and advice.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances. Practice data showed that the percentage of patients on the unplanned admissions register who had an unplanned admission had reduced from 40% in January to March 2016 to 20% in April to June 2016.

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 and healthcare issues.
- 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.
- Appointments were available with the GP on Saturday and Sunday mornings and on Bank Holidays. Once a month practice nurse appointments were available. Early morning appointments were available during the week.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice nurse visited patients at home to do long term conditions reviews.
- Urgent access appointments were available for children and those with serious medical conditions.
- Consulting and treatment rooms were accessible and there was an accessible toilet.
- There was a hearing loop for patients who had a hearing impairment.
- There was a facility on the practice website to translate the information into different languages.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines only available privately.
- Staff had completed dementia friends training (a dementia friend is someone who learns more about what it is like to live with dementia and turns that understanding into action). An action plan was being developed to enable the practice to become 'Dementia Friendly' and a pack was being developed to give to newly diagnosed patients. Between April 2015 and June 2016 the practice had referred 13 patients to the memory clinic.
- The practice provided advice, information and counselling for people who were experiencing difficulties with drug or alcohol misuse. The practice worked with the local Trust to provide a substance misuse clinic.
- Patient Champions came to the practice on a Thursday morning and spoke to patients to highlight national health campaigns and were able to offer advice on local services. Patient Champions are volunteers who work in partnership with their local GP Practices to transform the health and wellbeing of the communities in which they live.
- The practice was participating in the EASY Care Project. The practice would work with social care staff to undertake a needs based assessment of all the practice patients over 75 years of age, those living in care homes and learning disability units. This would identify a summary of the patient's needs, allowing them to be signposted to appropriate local resources. The information would then be used by the practice to inform patients care plans. It would also help to shape future services in the town.

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

- 95% described the overall experience of their GP surgery as good compared to the local CCG average of 86% and national average of 85%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 91% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 81% and national average of 78%.

The practice patient survey data for the minor injuries unit for 2015 showed that patients were very satisfied with the service. For example:

93% of patients said they very satisfied or fairly satisfied with their overall experience of the service.

93% of patients said they would be extremely likely or likely to recommend the service to friends or family.

Access to the service

The GP service was open between 8am to 9pm Monday to Friday and 8.30am to 12.30pm on Saturday, Sunday and bank holidays. Appointments were available from 8am to 8.30pm Monday, Wednesday and Friday and 8.30am to 8.30pm Tuesday and Thursday. GP appointments were also available 8.30am to 12.30pm on a Saturday, Sunday and bank holidays. The nurse led Minor injuries Unit walk in service was open 8am to 9pm seven days a week, 365 days a year. Three GP appointment slots were left un-booked each session for the nurse practitioners to use for patients attending the MIU that needed to be seen by a GP.

Information about the opening times was available on the website and in the patient information leaflet. However the information on the website and in the patient information leaflet did not accurately reflect the times when GP appointments were available.

Signs in the hospital grounds still said the minor injuries unit was a 'GP Access Service'. This caused confusion and some patients were not happy when they were told they would not see a GP. The practice had raised this with the hospital management.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was very positive. Results were more than 20% above the local CCG and national average for three of the four questions. This reflected the feedback we received on the day. For example:

- 99% of patients were satisfied with the practice's opening hours compared to the local CCG average of 74% and national average of 76%.
- 96% found it easy to get through to this surgery by phone compared to the local CCG average of 68% and national average of 73%.
- 90% of patients described their experience of making an appointment as good compared to the local CCG average of 72% and national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG and national average of 85%.

The practice patient survey data for the minor injuries unit for 2015 showed 87% of patients were very satisfied or satisfied with their initial contact with the service.

Performance data from 2016 showed that 96.5% of patients were seen, treated and discharged within two hours of their arrival at the minor injuries unit.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system in the complaints leaflet which was available in the waiting room. Information was also available on the practice website.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at four written complaints and 19 concerns received in the last 12 months and found they were handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, a patient complained after they arrived at the MIU at 9.05pm and the unit was closed. The patient had rang earlier but had not been informed by staff that they had to arrive by 8.40pm so they could be seen by 9pm. The practice apologised to the patient and a reminder was sent to all staff that they had inform patients phoning the service of the need to arrive by 8.40pm and offer advice on alternative services if required.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice had a local team structure in place with direct links to the regional management team to ensure overall management support and consistency of services were provided.
- Practice 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.
- The practice monitored its risks and evaluation of services provided on a monthly basis by completing a regional group internal dashboard. This included, internal audits completed, significant events occurring and complaints received.
- There were systems in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the regional management team, GP and service 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 GP and service manager were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, by the GP and the service manager. All staff were involved in discussions about how to run and develop the practice. The GP and service manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Some staff commented that they did not always feel part of the wider CHCP team and felt they were 'forgotten' as they were in Bridlington and not Hull.
- Flexibility was encouraged throughout the practice in respect of supporting colleagues and covering additional duties and team working was embedded amongst all staff. This was confirmed by staff who told us they worked well as a team, supported each other and they were proud to work for the practice.

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

Are services well-led?

Good

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG), surveys, suggestions and complaints received. The PPG regularly reviewed Friends & Family feedback at meetings. Common causes for concern were monitored with the PPG assisting the practice in finding solutions where possible. Following a suggestion from the PPG some chairs in the waiting room were moved to make the self-check in screen more accessible for patients.
- 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 suggestion from staff, soft toys had been removed from the waiting area to minimise risks from infection. Washable toys and pictures had been provided to assist in keeping children occupied whilst they were in the waiting room.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and looked to improve outcomes for patients in the area. For example, the practice was participating in the EASY Care Project. The practice would work with social care staff to undertake a needs based assessment of all the practice patients over 75 years of age, those living in care homes and learning disability units. This would identify a summary of the patient's needs, allowing them to be signposted to appropriate local resources. The information would then be used by the practice to inform patients care plans. It would also help to shape future services in the town.