

# The Park Surgery

## Quality Report

The Park Surgery  
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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 The Park Surgery on 19 August 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 19 August 2016 inspection can be found by selecting the 'all reports' link for The Park Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken following actions by the provider and was an announced comprehensive follow up inspection on 25 April 2017. We visited the main surgery in Driffield and the branch surgery at Nafferton during the inspection. Overall the practice is now rated as good

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However some patients told us it could be difficult to get through on the phone and to make appointments in advance.
- 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.

# Summary of findings

- The provider was aware of the requirements of the Duty of Candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvements are:

- Review procedures to ensure fridge temperatures are recorded daily in line with national guidance.

- Implement a standard operating procedure for dispensers for when there is no GP on site at the branch surgery.
- Embed documented checks of competency for dispensary staff.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the local CCG and national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice similar to or higher than others for several aspects of care.

# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice worked with 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.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However some patients told us it could be difficult to get through on the phone and to make appointments in advance.
- The partners operated a 'buddy' system so when the named GP was not available the 'buddy' GP provided cover.
- 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 evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

Good



# Summary of findings

- 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular meetings where governance was discussed.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the investigation reports we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient representation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. We saw records summaries were shared with the out of hours service.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice was delivering 'A Care Home Scheme'. This ensured patients living in care homes had structured annual reviews which included a review of medication by a pharmacist, review of clinical care and advanced care planning with the GPs and nurses.
- Minor surgery and ear irrigation was provided on site thus reducing the need for patients to travel to hospital which could be a journey of 20 miles.

### People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2015/2016 showed that outcomes for patients with long term conditions were good. For example,

# Summary of findings

the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 79%. This was comparable to the local CCG average of 81% and England average of 80%.

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- Longer appointments and home visits were available when needed.
- Patients with LTCs had a named GP and there was a system to recall patients for 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.
- The practice hosted retinal screening clinics for patients with diabetes.

## Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. Data from 2015/2016 for childhood immunisation rates showed for children aged two the practice was achieving above the national expected coverage of 90% for vaccinations for the four indicators. For children aged five years immunisation rates were similar to or above the local CCG and national average.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Sit and wait clinics were held every morning and appointments were available outside of school hours.
- The premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Good





# Summary of findings

- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

## **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 these populations 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.
- Signposting was available to local pharmacists for treatment of minor illnesses that could be accessed at weekends. Also to mental health support services to enable patients to access them at times convenient to them.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held registers of patients living in vulnerable circumstances which included those with a learning disability.
- The practice offered longer appointments for people with a learning disability.
- Nursing staff used easy read leaflets to assist patients with learning disabilities to understand their treatment.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and . They 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.

**Good**



# Summary of findings

- Staff had completed training in the identification of potential exploitation and female genital mutilation.
- Telephone interpretation services were available and information leaflets in different languages were provided when required.

## 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).

- The practice carried out advanced care planning for patients living with mental health needs, including dementia.
- Nationally reported data from 2015/2016 showed 80% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was comparable to the local CCG and England average of 84%.
- Nationally reported data from 2015/2016 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 100%. This was above the local CCG average of 88% and the England average of 89%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 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 a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- One of the practice nurses was trained to administer long acting medication for patients experiencing mental health problems. This reduced the need for patients to travel to hospitals in Hull for this treatment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- 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).
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The National GP patient survey results published in July 2016 showed 220 survey forms were distributed for The Park Surgery and 131 forms were returned, a response rate of 60%. This represented 1% of the practice's patient list. The practice was performing below the CCG or national average for four of the 23 questions and similar to or above the local CCG and national averages for the other 19 questions. For example:

- 49% found it easy to get through to this surgery by phone compared with the local CCG average of 68% and national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried compared with the local CCG average of 85% and national average of 85%.
- 61% described their experience of making an appointment as good compared with the local CCG average of 72% and national average of 73%.
- 86% described the overall experience of their GP surgery as good compared with the local CCG average of 86% and national average of 85%.
- 84% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 81% and national average of 78%.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by

patients prior to our visit. We received 29 completed 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 staff were friendly, caring, professional and they listened to them and provided advice and support when needed. However five patients told us it could be difficult to get through on the phone and to make appointments in advance. The practice was aware that results had shown patients found it difficult to get through on the phone and extra phone lines had been installed.

We received 25 questionnaires that were completed during the inspection from patients who used the service. They were also very positive about the care and treatment received. Five patients told us it could be difficult to get appointments in advance.

Results from the Friends and Family test (FFT) for April 2016 to March 2017 showed of 70 responses, 59 were extremely likely and eight likely to recommend the practice and eight were extremely unlikely and three unlikely to recommend the practice to friends and family.

Feedback on the comments cards, the questionnaires and from the FFT reflected the results of the national survey.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Review procedures to ensure fridge temperatures are recorded daily in line with national guidance.
- Implement a standard operating procedure for dispensers for when there is no GP on site at the branch surgery.
- Embed documented checks of competency for dispensary staff.

# The Park Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Park Surgery

The Park Surgery, Eastgate Road, Driffield YO25 6EB is located near the centre of the market town of Driffield and is close to local bus routes. There is a car park available at the practice. The practice is in a purpose built building with disabled access and consulting and treatment rooms available on the ground and first floors; there is lift access to the first floor. There is one branch site, Nafferton Surgery, 22a High Street, Nafferton YO25 4JR which is located in the village of Nafferton, two miles from Driffield. There is disabled access and all consulting and treatment rooms are on the ground floor. This site was also visited during the inspection.

The practice provides services under a General Medical Services (GMS) contract with the NHS North Yorkshire and Humber Area Team to the practice population of 15300, covering patients of all ages. The practice covers a large rural area of 400 square miles. The practice is a 'dispensing practice' and is able to dispense medicines for patients who live more than one mile from the nearest pharmacy. There is a dispensary at both surgeries. The practice dispenses medicines for approximately 48% of its patients.

The proportion of the practice population in the 65 years and over age group is slightly above the local CCG and England average and in the under 18 age group is slightly

below the local CCG and England average. The practice scored eight on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The practice has eight GP partners and a salaried GP, two full time and seven part time. There are five female and four male GPs. There are three nurse practitioners, six practice nurses and four health care assistants (HCAs). All the nurses and HCAs work part time. All the nurses are female and there are three female and one male HCA. There is a practice manager, a finance officer/personal assistant and a team of administrators, secretaries and receptionists. There is one pharmacist and five dispensers.

The Park Surgery is open between 8am to 6pm Monday to Friday. GP appointments are available from 8.30am to 11.10am and 3.30pm to 6pm Monday to Friday. There are 'sit and wait' clinics at the Park Surgery from 8.30am to 10.30am Monday to Friday for patients who have new, urgent or acute issues that need dealing with quickly.

The Nafferton surgery is open between 8am and 12.30pm and 1.30pm to 6pm on a Monday. From 8am to 12.30pm and 1.30pm to 5pm on Tuesday, Thursday and Friday and from 8am to 12pm on Wednesday. GP appointments are available from 8.30am to 11.10am Monday to Friday and from 2.30pm to 5.30pm Monday and 2pm to 4.30pm Tuesday, Thursday and Friday.

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

The practice, along with all other practices in the East Riding of Yorkshire CCG area have a contractual agreement for the Out of Hours provider to provide OOHs services from 6pm. This has been agreed with the NHS England area team.

# Detailed findings

The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed patients use the 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.

The practice is a training practice for GP Registrars; doctors who are training to become GPs. The practice is also a teaching practice for year four and five medical students and Foundation Doctors (FY2). FY2 is a grade of medical practitioner in the United Kingdom undertaking the Foundation Programme – a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training. The practice is a training site for student nurses.

The practice was inspected on 19 August 2016 and following this inspection we took enforcement action in relation to the safe management of medicines and good governance.

## Why we carried out this inspection

We undertook a comprehensive inspection of The Park Surgery on 19 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated requires improvement overall. They were rated inadequate for providing safe services, requires improvement for well led services and good for effective, caring and responsive services. The full comprehensive report on the 19 August 2016 inspection can be found by selecting the 'all reports' link for The Park Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We issued a warning notice to the provider in respect of the safe management of medicines and a requirement notice in respect of good governance and informed them that they must become compliant with the law by 31 December 2016. We undertook a comprehensive follow up inspection on 25 & 26 April 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the 25 & 26 April 2017 inspection can be found by selecting the 'all reports' link for The Park Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, the local CCG and NHS England 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 25 & 26 April 2017 and visited the Park Surgery and the branch surgery at Nafferton. During our visit we:

- Spoke with a range of staff including two GPs, the nurse manager/nurse practitioner, one practice nurse, a health care assistant, the pharmacist and dispensing staff. We also spoke with the practice manager, administration, secretarial and receptionist staff.
- Received questionnaires from three members of the patient representation group (PRG) and received completed questionnaires from 25 patients who used the service.
- Reviewed 29 comment cards where patients and members of the public shared their views and experiences of the service.

## Detailed findings

- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

- Visited all practice locations

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

At our previous inspection on 19 August 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of the safe management of medicines were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 25 & 26 April 2017. The practice is now rated as good for providing safe services.

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). There was a positive and open culture with regard to incident reporting. For example, a health care assistant had challenged a GP when they realised that the wrong dose had been prescribed for a medicine.
- From the sample of investigation reports we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. The practice monitored trends in significant events and evaluated any action taken. Safety alerts were disseminated to staff and actions taken were documented.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a GP went to see a patient in a care home they realised they had been given the wrong patient details. This incident was discussed at staff meetings and it was reiterated to all staff that they should always use three patient identifiers when taking or providing patient information.

- The practice produced a regular newsletter which summarised all the incidents and complaints and the lessons learned. This was accessible on all computers and in the staff areas.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- Staff had also completed training in female genital mutilation and prevent training, (this would assist them to identify patients who may be at risk of radicalisation).
- Information telling patients that they could ask for a chaperone if required was visible in the waiting room and in consulting rooms. Staff who acted as chaperones were trained for the role. Staff had received a Disclosure and Barring Service check (DBS check) (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. IPC audits of clinical and consulting rooms and



## Are services safe?

hand hygiene audits had been undertaken. We saw evidence that action was taken to address any improvements identified as a result. An annual IPC statement had been completed.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Arrangements for managing medicines were checked at the practice. Medicines were dispensed at both the Park surgery and the Nafferton branch surgery for patients on the practice list who did not live near a pharmacy. Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). A system was in place to ensure relevant staff had read and understood SOPs. However, there was no written procedure in place for the dispensary staff working at the Nafferton surgery to indicate what they could and couldn't do when there was no GP on site. There was a process in place to ensure that repeat prescriptions were signed before being dispensed.
- There was a named GP responsible for the dispensary and staff told us they were an active presence in the dispensary. We saw records showing all members of staff involved in the dispensing process had received appropriate training and annual appraisals, however there were no on-going documented checks of their competency.
- Expired and unwanted medicines were disposed of in accordance with waste regulations. Staff routinely checked stock medicines were within expiry date and fit for use, and there was a SOP to govern this activity. Dispensary staff told us about procedures for regular monitoring of prescriptions that had not been collected. There was a system in place for the management of high risk drugs.
- A "near miss" record (a record of errors that have been identified before medicines have left the dispensary) was in place, allowing the practice to identify trends and patterns in errors and take action to prevent reoccurrence. There were arrangements in place for the recording of significant events involving medicines; the practice had acted to adequately investigate these incidents and/or review dispensing practices to prevent reoccurrence. We saw records relating to recent medicine safety alerts, and the action taken in response to them.
- Monitored dose systems were offered to patients who needed support to take their medicines, we saw the process for the packing and checking of these was robust. Staff knew how to identify that medicines were not suitable for these packs and offered alternative adjustments to dispensing where possible.
- The practice had signed up to the Dispensary Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients using the dispensary. We saw evidence of audits relating to the dispensary.
- We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely with access restricted to authorised staff. Fridge temperatures were being recorded in line with national guidance; however we found gaps in records on two occasions in February 2017 and three occasions in March 2017 at the Nafferton surgery.
- Nurse practitioners had qualified as Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), and had an SOP in place covering all aspects of their management. Controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Balance checks of controlled drugs were carried out regularly and there were appropriate arrangements in place for their destruction.



## Are services safe?

- Blank prescription pads were recorded upon receipt into the practice and stored securely; blank prescriptions for use in printers were tracked through the practice in accordance with national guidance.

We reviewed three 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

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and a poster with details of responsible people.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were

on duty to meet the needs of patients. Staff provided cover for sickness and holidays and locums were engaged when required. Some staff commented that there was not enough staff. We saw that the practice explored various avenues regarding staffing. This had included the employment of two Personal Assistant/administrative assistants to help support the GPs and an administration apprentice joined the practice in January 2017. Also the new pharmacist had a clinical role which would support the GPs as well as a management role and they had increased the nurse practitioner and practice nurse team.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to 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, emergency medicines and oxygen, with adult and children's masks. There were adequate stocks of oxygen and emergency medicines and there was a procedure in place to ensure these were fit for use. All the medicines we checked were in date.
- 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. The practice had involved all staff in a review of the business continuity plan at a protected learning session.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 patients' 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 2015/2016 showed the practice achieved 98% of the total number of points available compared to the local CCG average of 97% and England average of 95%. The practice had 7% exception reporting compared to the local CCG average of 11% and England average of 10%. (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 from 2015/2016 showed;

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 79%. This was comparable to the local CCG average of 81% and the England average of 80%.
- 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 73%. This was comparable to the local CCG and England average of 76%.

- 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 91%. This was comparable to the local CCG average of 88% 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 80%. This was comparable to the local CCG and England average of 84%.

Clinical audits demonstrated quality improvement.

- There had been 10 clinical audits completed in the last two years, nine of these were a completed audit cycle where the improvements made were implemented and monitored. The practice had also carried out a number of quality assurance reviews in the past two years.
- The practice participated in applicable local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, an audit was undertaken to determine if the practice was following The Faculty of Family Planning and Reproductive Health guidance regarding regular monitoring for patients taking the combined oral contraceptive pill. The guidance recommended annual monitoring of blood pressure and BMI to reduce the risk of stroke, cardiac events and thrombosis. Two audit cycles had been completed in October 2016 and April 2017. The first audit identified 16% of patients had not had their BP checked in the previous 12 months and 40% had not had their BMI recorded. Following the first cycle the practice protocols, clinical template and GPs induction and locum packs were reviewed and amended. The second cycle audit in April 2017 showed that improvements had been made, 8% of patients had not had their BP checked in the previous 12 months and 18% had not had their BMI recorded. The practice was planning to repeat the audit in October 2017.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

# Are services effective?

## (for example, treatment is effective)

- 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.
- There was a six month mentorship programme for new nurses to support them in developing their skills and knowledge. One nurse told us their mentorship programme was very useful and they were well supported.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Nursing staff had completed training in diabetes, asthma and respiratory disease.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific 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, 1:1 and peer supervision and support for the revalidation of the GPs and nurses. Staff told us that their most recent appraisal had included anonymous feedback from their peers. This had been introduced to enhance the appraisal process by identifying any areas for development and providing feedback to staff from their colleagues.
- One of the administration staff told us they had wanted to do further development and this had been encouraged by the GPs and management. They were currently undertaking a university course in Leadership in Health and Social Care.
- 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.
- From the sample of 13 documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had developed a 'personal assistant' (PA) role and employed two administrators who acted as the liaison between the patients and GPs. The PAs received queries from patients that the receptionists had been unable to resolve. The PAs would ring the patient to gather further information if needed and then send a task to the GP about the query. Each GP had six slots at the end of each surgery which they used to deal with the queries and ring patients if required. This assisted in ensuring patients queries were responded to and they received appropriate care.

Staff worked together, and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan 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 every two months and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

# Are services effective?

## (for example, treatment is effective)

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and sign posted them to relevant services. For example:

- Patients receiving end of life care, 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.
- The number of patients who died in their preferred place of death was 35% compared to the national average of 20%.
- An in-house psychology service was available.
- The practice referred and sign posted people who needed support for alcohol or drug problems to local counselling services.

The practice had a comprehensive screening programme. Nationally reported data from 2015/2016 showed the practice's uptake for the cervical screening programme was 84% compared to the local CCG average of 84% and the England average of 81%. 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 as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The nurse manager at the practice was a cervical smear trainer for the region.

Data from 2015/2016 for childhood immunisation rates showed for children aged two the practice was achieving above the local CCG and England expected coverage of 90% for vaccinations for the four indicators. For children aged five years immunisation rates were similar to or above the local CCG and England average.

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 from 2015/2016 showed the percentage of patients aged 45 or over who had a record of blood pressure in the preceding five years was 93%, 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.

There was a health information room which had a blood pressure machine that patients could use and information leaflets on health and social issues.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Feedback from the 29 patient CQC comment cards we received 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 received feedback from three members of the patient representation group (PRG) and received 25 questionnaires that were completed during the inspection from patients who used the service. They were also very positive about the care and treatment received and patients said staff were friendly, caring, professional and they listened to them and provided advice and support when needed.

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 similar to the local CCG and national average for questions about how they were treated by the GPs and receptionists. Results for nurses were similar to or higher than the local CCG and national average. For example:

- 90% 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%.
- 90% 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%.

- 86% 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%.
- 95% 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%.
- 99% 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%.
- 97% 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%.
- 99% 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%.
- 99% said they had confidence and trust in the last nurse they saw or spoke to compared to the local CCG average of 98% and national average of 97%.
- 88% said they found the receptionists at the practice helpful compared to the local CCG average of 87% and national average of 87%.

The percentage of patients in the GP patient survey that said the GP was poor or very poor at giving them enough time and listening to them was 2%; this was similar to the local CCG average of 2% and national average of 3.9%. The percentage of patients in the GP patient survey that said the nurse was poor or very poor at giving them enough time and listening to them was 1%; this was below the local CCG and national average of 2%.

### 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 and questionnaires we received was also very positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making

## Are services caring?

decisions about their care and treatment. Results were similar to the local CCG and national average for questions about GPs and above the local CCG and national average for questions about nurses. For example:

- 88% 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%.
- 79% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 85% and national average of 82%.
- 98% 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%.
- 92% 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 provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients this service was available.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

### Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice had identified 398 patients as carers; this was 2.6% of the practice list. The practice's computer system alerted staff if a patient was also a carer. There were forms available in the waiting area and the health zone room that patients could complete if they were a carer. Staff sign posted carers to local services for support and advice and written information was available to direct carers to the various avenues of support available to them. The practice was preparing to publicise awareness of support for carers in the practice and on their face book page during carers week commencing 17 June 2017.

Staff told us that if families had suffered bereavement the practice sent them a letter and a bereavement booklet and would arrange a visit if requested. The staff also offered support and signposted the patient/family to bereavement support groups and other agencies if appropriate. There was information on bereavement support on the practice website and in the waiting area.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice worked with 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.
- 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 to give them health care information.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Nurse practitioners visited patients at home to do long term conditions reviews and monitor patients on anti-coagulation (blood thinning) medication.
- Urgent access appointments were available for children and those with serious medical conditions. There was a 'sit and wait' clinic at the Park Surgery from 8.30am to 10.30am Monday to Friday for patients who have new, urgent or acute issues that need dealing with quickly.
- Consulting and treatment rooms were accessible and there was an accessible toilet.
- There was a hearing loop for patients who had hearing problems. Staff told us they would take patients to a private room if they had difficulty communicating.
- There was a facility on the practice website to enable all information on the website to be translated into different languages. .
- Patients were able to receive travel vaccinations available on the NHS and privately.
- The practice was delivering the 'Care Home Scheme'. This ensured patients living in care homes had structured annual reviews which included a review of medication by a pharmacist, review of clinical care and advanced care planning by the GPs and nurses. There was a named GP for each care home and they did regular reviews in conjunction with the care home staff and the district nurses.
- 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). Staff had attended a play during one of their protected learning sessions which had increased their awareness of people living with dementia.
- Midwife clinics were held at the practice and staff provided enhanced contraceptive services, for example coil fitting and implants.
- One of the practice nurses was trained to administer long acting medication for patients experiencing mental health problems. This reduced the need for patients to travel to hospitals in Hull for this treatment.
- Minor surgery and ear irrigation was provided on site, reducing the need for patients to travel to hospital which could be a journey of 20 miles.
- The practice hosted retinal screening clinics for patients with diabetes.

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

- 86% described the overall experience of their GP surgery as good compared to the local CCG average of 86% and national average of 85%.
- 84% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 81% and national average of 78%.

### Access to the service

The Park Surgery was open between 8am to 6pm Monday to Friday. Appointments were available from 8.30am to

# Are services responsive to people's needs?

## (for example, to feedback?)

11.10am and 3.30pm to 6pm Monday to Friday. There were 'sit and wait' clinics at the Park Surgery from 8.30am to 10.30am Monday to Friday for patients who had new, urgent or acute issues that need dealing with quickly.

The Nafferton surgery was open between 8am and 12.30pm and 1.30pm to 6pm on a Monday. From 8am to 12.30pm and 1.30pm to 5pm on Tuesday, Thursday and Friday and from 8am to 12pm on Wednesday. Appointments were available from 8.30am to 11.10am Monday to Friday and from 2.30pm to 5.30pm Monday and 2pm to 4.30pm Tuesday, Thursday and Friday.

In addition to pre-bookable appointments that could be booked up to two 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 the same day or they could attend the 'sit and wait' clinic.

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

Results from the national GP patient survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was below the local CCG and national average. This reflected the feedback we received on the day. For example:

- 66% of patients were satisfied with the practice's opening hours compared to the local CCG average of 74% and national average of 76%.
- 49% found it easy to get through to this surgery by phone compared to the local CCG average of 68% and national average of 73%.
- 61% of patients described their experience of making an appointment as good compared to the local CCG average of 72% and national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 85% and national average of 85%.

As a result of feedback from patients the practice had completed a project to review its appointment system and access for patients. They were introducing a 'Call First' GP triage system for GP appointments on 8 May 2017 which would ensure that a patient sees or has contact with the most appropriate person for their needs. Telephone lines into the practice had been increased. The practice had booked locums to work week commencing 8 May 2017 to

provide support during the first week if there were any capacity issues. The practice had publicised the new system on their Facebook page and leaflets were available in the waiting area.

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. This was available in the waiting area and on the practice website.

The practice had received 24 complaints in the last 12 months. We found they were dealt with in a timely way and changes were implemented to address issues raised. Lessons were learned from individual concerns and complaints and an analysis of trends, and action was taken as a result to improve the quality of care. For example, the practice had purchased additional equipment to assist in diagnosis of a clinical condition. This was discussed at meetings and the practice convened an in-house educational event to raise awareness on managing this condition.



## Are services responsive to people's needs? (for example, to feedback?)

The practice held an annual meeting in June to review the complaints received in the previous 12 months and conduct an analysis of trends. Any additional learning points identified were disseminated to all staff.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 19 August 2016, we rated the practice as requires improvement for providing well-led services. The provider had not always assessed, monitored and improved the quality and safety of services provided; actions identified following a legionella risk assessment had not been completed; the provider had not ensured that their governance systems were effective.

We found arrangements had improved when we undertook a follow up inspection of the service on 25 & 26 April 2017. The practice is now rated as good for being well-led.

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy for the following 12 months regarding how they would continue to deliver their vision. However there was no supporting action plan that identified who was responsible for progressing each action and when it would be completed by.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas, for example, lead GPs had been identified for governance, safeguarding, information governance and the dispensary.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about 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 appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Following a fire risk assessment fire drills were carried out at the branch surgery.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. A regular newsletter was produced which summarised incidents and complaints and the lessons learned. This was accessible on all computers and in the staff areas.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The partners and practice manager told us 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 had systems 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of investigation reports we reviewed we found that the practice had systems 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.

# Are services well-led?

Good 

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Some staff told us they felt communication within and between the two surgeries could be improved.
- The new pharmacist worked closely with the lead GP for the dispensary and this had contributed to a significant improvement in the safe management of medicines.
- Staff said they felt respected, valued and supported, particularly by the partners and the practice manager. All staff were involved in discussions about how to run and develop the practice. The partners 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 feedback from:

- patients through the patient representation group (PRG) and through surveys and complaints received. The PRG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. There was mixed feedback from the PRG, for example, the practice had discussed the 'Call First' initiative with PRG members. Some feedback was very positive about being involved in the discussions; however there were comments that it would be better if members were involved earlier if changes are going to be introduced. This would enable the practice to listen to ideas from the PRG and explain why if they cannot be

implemented. The PRG had discussed the need for better provision of phone lines to allow the new system to function well. This had been considered and the number of lines had been increased.

- the NHS Friends and Family test, complaints and compliments received
- staff 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. The practice had attached a form to staff payslips in December 2016 asking for ideas on how things could be improved. Following this the practice had introduced a sit and wait blood service. Patients that a GP had seen in surgery could now choose to either sit and wait for their bloods to be taken or could make an appointment; whichever was the most convenient. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

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

The practice was preparing to introduce an online product for patients to use. This would enable a patient to complete details online, at a time of their choosing, and they would receive a response from the practice the next day. This should provide an effective resource for patients, especially those who may work out of the area.

The practice had completed an 'Incoming Letters Project' which had resulted in a change to how paperwork was managed. One of the GPs and three administrators worked closely together to form a more effective and efficient way of managing the volume of clinical information which came into the practice. This had reduced the amount of time it took for any actions required to be completed. This new way of working was supported by the local CCG and had been introduced with the help of a local GP and who had received an award for this work. The practice was monitoring the process to confirm that letters were being dealt with appropriately. Any issues identified were discussed at a meeting to identify any learning points and changes required.