

# Gilberdyke Health Centre

## Quality Report

The Health Centre  
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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 Gilberdyke Health Centre on 20 September 2016. The practice is rated as good.

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

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

- Patients said they were able to get same day appointments and pre bookable appointments were available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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

Importantly the provider should:

- Complete all pre-employment checks before the start date for new staff.
- Carry out fire risk assessments and fire evacuation drills at required frequencies.
- Implement a process for staff to complete mandatory training at required intervals.

# Summary of findings

- Review action plan templates so they include all required information.
- Review dispensary Standard Operating Procedures and ensure they have been read and signed by all relevant staff.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) for 2015/2016 showed patient outcomes were comparable to the local CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

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

Good



# Summary of findings

- There was a carers' register and information was available in the waiting room on support services available for carers.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Patients said they could make an appointment with a named GP however some patients said it could be difficult to get appointments in advance.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

# Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over the age of 75 had a named GP.
- The practice had assessed the older patients most at risk of unplanned admissions and had developed care plans.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data for 2015/2016 showed that outcomes were good for conditions commonly found in older people. For example, performance for heart failure indicators was 100%, compared to the local CCG average of 99% and England average of 98%.
- The practice was delivering a 'Care Home Scheme' enhanced service. This ensured patients living in care homes had annual reviews by a geriatrician and regular review of medication, clinical care and advanced care planning with the GPs and nurses. There was a named GP for individual care homes and they visited the homes regularly in conjunction with the care home staff and the district nurses.

### People with long term conditions

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

Good



- There was a lead GP for LTCs and nursing staff had lead roles in chronic disease management. 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, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 96%, compared to the local CCG average of 90% 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

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 for 2015/2016 were comparable to the local CCG and England average for 16 of the 18 standard childhood immunisations. For example, immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 94% to 100% compared to 95% to 98% for the local CCG area and 81% to 95% for England.
- 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 2015/2016 showed the practice's uptake for the cervical screening programme was 85%, compared to the local CCG average of 85% and the England average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice was a 'Breast Feeding Friendly' practice; this is an accreditation given to organisations that support breastfeeding in public places.
- We saw good examples of joint working with midwives, health visitors and school nurses. The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns.

Good



## Working age people (including those recently retired and students)

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

Good





# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Telephone consultations were available every day with a call back appointment arranged at a time to suit the patient, for example during their lunch break.
- Late evening appointments were available two evenings a week.
- Family planning clinics, minor surgery and joint injections were provided at the practice so patients did not have to attend hospital to access these services.

## People whose circumstances may make them vulnerable

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

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

Good



## People experiencing poor mental health (including people with dementia)

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

Good



# Summary of findings

- Nationally reported data from 2015/2016 showed 79% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months, compared to the local CCG and England average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning for patients with dementia, including DEMTECT memory tests. Staff had completed dementia friends training (a dementia friend is someone who learns more about what it is like to live with dementia and turns that understanding into action).
- The practice had developed a 'Mild Cognitive Impairment' leaflet for patients that gave them advice and tips about how to manage their condition and information about support groups.
- 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%, compared to the local CCG average of 88% and the England average of 89%.
- 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 223 survey forms were distributed for Gilberdyke Health Centre and 118 forms were returned, a response rate of 53%. This represented 2% of the practice's patient list. The practice was performing similar to or above the local CCG and national average in all of the 23 questions. For example:

- 78% were satisfied with their GP practice opening hours compared with the local CCG average of 74% and national average of 76%.
- 88% stated that they were able to get an appointment to see or speak to someone the last time they tried compared the local CCG and national average of 85%.
- 80% described their experience of making an appointment as good, compared to the local CCG average of 72% and national average of 73%.
- 90% described the overall experience of their GP surgery as good, compared with the local CCG average of 86% and national average of 85%.
- 83% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 81% and national average of 78%.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit and questionnaires to be completed during the inspection day. We received 27 completed comment cards that patients completed before the inspection and 22 questionnaires from patients that were completed during the inspection day. They were very positive about the standard of care received. Patients said staff were polite and helpful and treated them with dignity and respect. Patients described the service as excellent and very good and said staff were friendly, caring, listened to them and provided advice and support when needed. Eight patients said it could be difficult to book appointments in advance.

The Friends and Family Test (FFT) results from September 2015 to July 2016 showed all six respondents were extremely likely or likely to recommend the practice.

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

## Areas for improvement

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

- Complete all pre-employment checks before the start date for new staff.
- Carry out fire risk assessments and fire evacuation drills at required frequencies.
- Implement a process for staff to complete mandatory training at required intervals.
- Review action plan templates so they include all required information.
- Review dispensary Standard Operating Procedures and ensure they have been read and signed by all relevant staff.

# Gilberdyke Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Gilberdyke Health Centre

Gilberdyke Health Centre, The Health Centre, Thornton Dam Lane, Gilberdyke Humberside HU15 2UL is located in the village of Gilberdyke and serves surrounding villages. There is a small car park available including disabled parking. The practice is in a purpose built building with disabled access and consulting and treatment rooms on the ground floor.

The practice provides services under a General Medical Services (GMS) contract with the NHS North Yorkshire and Humber Area Team. The registered practice population is approximately 6132, covering patients of all ages. The practice is a 'dispensing practice' and is able to dispense medicines for patients who live more than one mile from the nearest pharmacy. The practice dispenses medicines for approximately 50% of its patients.

The proportion of the practice population in the 65 years and over age groups is similar to the local CCG average and slightly higher than the England average. The proportion of the practice population in the 75 and 85 years and over age groups is similar to the local CCG average and England average. In the under 18 age group it is similar to the local CCG and England average. The practice scores nine 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 four GP partners, two full time and two part time. There are two female and two male GPs. There are three practice nurses, one triage nurse and one health care assistant, all part time and all female. There is a practice manager, an assistant practice manager and a team of administrators, secretaries, receptionists, dispensers and cleaners.

Gilberdyke Health Centre is open between 8am to 6.30pm Monday to Friday. Appointments are available from 8.30am to 11am and 4pm to 6.00pm Monday, Wednesday, Thursday and Friday and 8.30am to 11am and 3pm to 6pm on Tuesday. Late evening appointments are available from 6.30pm to 7pm on Mondays and Tuesdays.

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

The practice, along with all other practices in the East Riding of Yorkshire CCG area have a contractual agreement for the Out of Hours provider to provide OOHs services from 6.00pm. This has been agreed with the NHS England area team.

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 third and fifth year medical students from the Hull York Medical School.

# Detailed findings

Whilst preparing for the inspection we identified that the Registered Manager recorded for the practice had retired. The Provider had been in contact with CQC and was in the process of submitting the relevant forms to make the changes as required by the CQC (Registration) Regulations 2009.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out 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 Gilberdyke Health 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 20 September 2016. During our visit we:

- Received feedback from a range of staff including two GP partners, one practice nurse, the health care assistant, practice manager and assistant practice manager. We also spoke with the dispensing manager, administration, secretarial and receptionist staff.
- Reviewed questionnaires from non clinical staff that they completed and returned to CQC prior to the inspection.
- We received completed questionnaires from 22 patients who used the service.
- Reviewed 27 comment cards from patients and members of the public who shared their views and experiences of Gilberdyke Health Centre.
- Spoke with three members of the Patient Participation Group.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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

# Are services safe?

## Our findings

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

- Staff told us they would inform the practice manager of any incidents and there was 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, notes from a consultation were entered into the wrong patient's records as incorrect patient details were entered when an appointment was booked. The practice reiterated its' policy to all staff that they should check they were in the correct patient record by checking other identifiers such as date of birth. This was discussed at team meetings and the lessons learned were shared with staff.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The health visitor attended the weekly GP partners

meeting. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses were trained to level 2.

- 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, however not all staff were up to date with training. Annual infection control audits were undertaken and improvements identified as a result of the audit had been actioned.
- Arrangements for managing medicines were checked at the practice. Medicines were dispensed for patients who did not live near a pharmacy and this was appropriately managed. Dispensary staff showed us comprehensive standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Some of the SOPs did not have review dates on them and others had not been signed by all staff to which they applied.
- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. There was a named GP responsible for the dispensary. We saw records showing all members of staff involved in the dispensing process had received appropriate training and on-going assessments of competency.
- Near miss dispensing errors and errors which reached patients were recorded as part of the significant event log. These were discussed at dispensary team meetings. The practice had purchased a barcode system as a means of second check; however staff were not

## Are services safe?

currently using this. The practice ensured prescriptions were signed before being issued to patients. Repeat prescription review dates were assessed as part of the prescription clerking system and clear guidance was available if review dates had passed. Staff told us about procedures for monitoring prescriptions that had not been collected and this was effectively managed.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. There were appropriate arrangements in place for the destruction of CDs.
- Processes were in place to check medicines were within their expiry date and this was routinely assessed and recorded. Expired and unwanted medicines were disposed of in line with waste regulations. We checked medicines refrigerators and found they were secure with access restricted to authorised staff. Temperatures were monitored and recorded.
- Vaccines and injections were administered by nurses using Patient Group Directions (PGDs) and by Health Care Assistants using Patient Specific Directions (PSDs). PGDs and PSDs are written instructions which allow specified healthcare professionals to supply or administer a particular medicine in the absence of a written prescription. This was effectively managed by the practice.
- The receipt of blank prescription forms were handled in accordance with national guidance and the practice kept them securely.
- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken, for example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However in one file not all checks had been completed prior to the employment start date.

### 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 completed a fire risk assessment and carried out fire drills; however these had not been completed annually and were overdue. Staff were aware of what action to take in the event of a fire and there were fire wardens in place.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for the different staff groups to ensure that enough staff were on duty. Staff told us they provided cover for sickness and holidays and locums were engaged when required.

### Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- There was a first aid kit and accident book available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 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 11% exception reporting compared to the local CCG average of 11% and national 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).

We discussed three areas in the QOF where the practice performance was below the local CCG or national average. The practice was aware of these areas and had identified actions to improve.

This practice was not an outlier for any QOF (or other national) clinical targets. Data for 2015/2016 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 96%, compared to the local CCG average of 90% 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 87%, compared to the local CCG and 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 97%, compared to 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 79%, compared to the local CCG and England average of 84%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, three were completed two cycle audits where the improvements made were implemented and monitored. Other audits and quality assurance had been completed. These included monitoring of patients with do not resuscitate forms in care homes and appropriateness of orthopaedic and dermatology referrals.
- The practice participated in applicable local audits, national benchmarking and accreditation.

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

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Details for infection prevention and control needed to be role specific for clinical and non clinical staff.



# 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.
- 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 their 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. For example, one staff member told us they had visited Staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The GPs and non clinical staff had not completed training for infection control.

### 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 (MDT) meetings took place monthly and that care plans were routinely reviewed and updated. We saw two examples where the practice had also arranged specific MDT meetings to discuss the care of individual patients.

### Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. Staff had completed MCA training. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- Staff sought patients' consent to care and treatment in line with legislation and guidance. The process for seeking consent had been monitored through records or minor surgery audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those with mental health problems. Patients were then signposted to the relevant service.
- The practice referred and sign posted people who needed support for alcohol or drug problems to local counselling services.

The practice had a comprehensive screening programme. Nationally reported data from 2015/2016 showed the practice's uptake for the cervical screening programme was 85% compared to the local CCG average of 85% 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

## Are services effective?

(for example, treatment is effective)

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.

Immunisation rates for 2015/2016 were comparable to the local CCG and England average for 16 of the 18 standard childhood immunisations. For example, immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 94% to 100% compared to 95% to 98% for the local CCG area and 81% to 95% for England.

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 2015/2016 showed the percentage of patients aged 45 or over who had a record of blood pressure in the preceding five years was 90%, compared to the local CCG and England average of 91%. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them the opportunity to discuss their needs in private. There was a notice informing patients this room was available.
- There was a notice asking patients to stand back from the reception desk and music played in the background to afford more privacy.
- There were offices available where staff could answer telephones so that confidential calls were not overheard at the reception desk.
- Staff showed us examples of how they supported patients including; assisting a partially sighted patient across the road outside the practice; staff going to check on a patient at home after they missed an appointment and had not been seen for a few days; a patient needed urgent antibiotics and their relative could not collect the prescription as they were ill, the local pharmacy would not deliver them so practice staff got the prescription dispensed and took it to the patient.

Feedback from the CQC comment cards and from the questionnaires completed was very positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey published in July 2016 showed patients were very satisfied with how

they were treated and that this was with compassion, dignity and respect. The practice results were above or comparable to the local CCG and national average. For example:

- 96% said the last GP they saw was good at giving them enough time compared to the local CCG average of 90% and national average of 87%.
- 94% 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%.
- 93% 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%.
- 98% 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%.
- 99% 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%.
- 95% 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%.
- 90% said they found the receptionists at the practice helpful compared to the local CCG 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 0% or less; this was below the local CCG average of 2% and national average of 4%. The percentage of patients in the GP patient survey that said the nurse was poor or very poor at giving them enough time and listening to them was 1%; this was the same as the local CCG average of 1% and below the national average of 2%.

### Care planning and involvement in decisions about care and treatment

## Are services caring?

Patient feedback from the comment cards and questionnaires completed told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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

- 91% 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%.
- 90% 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%.
- 93% 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 percentage of patients in the GP patient survey that said the GP was poor or very poor at explaining tests and treatments was 4% or less; this was below the local CCG average of 2% and national average of 3%. The percentage of patients in the GP patient survey that said the nurse was poor or very poor at explaining tests and treatments was 1%; this was the same as the local CCG average of 1% and below the national average of 2%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. There was no notice in the reception area informing patients this service was available although the practice currently had no non English speaking patients.

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

The practice had a carers register and had identified 64 carers, this was 1% of the practice list. The practice's computer system alerted staff if a patient was also a carer.

Staff sign posted carers to local services for support and advice. One staff member was the carer lead and there was written information available in the waiting room to direct carers to the various avenues of support available to them. The practice encouraged patients to inform them if they were a carer.

The practice had developed a 'Mild Cognitive Impairment' leaflet for patients that gave them advice and tips about how to manage their condition and information about support groups.

Staff told us that if families had suffered bereavement the practice contacted the patient/family and a visit would be arranged or a letter sent. We saw examples of letters that had been sent by the GPs to patients/relatives who had been bereaved. Staff also offered support and sign posted the patient/family to bereavement support groups and other agencies if appropriate. There was a practice bereavement advice information sheet that was sent to patients/relatives following a bereavement. There was information on local and national bereavement services available in the waiting room and on the practice website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- Appointments could be made on line, via the telephone and in person.
- Patients were triaged by the triage nurse and then an appointment or advice given as appropriate. A recognised patient assessment tool was used by the triage nurse to inform their decisions and audits and monitoring of decisions made was undertaken.
- 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.
- Late evening GP appointments were available twice a 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.
- There were longer appointments available for people with a learning disability.
- A text messaging service had just been made available to remind patients about their appointments and to give them health care information.
- The practice provided a delivery service for patients whose medicines were dispensed by the practice.
- Consulting and treatment rooms were accessible and there was an accessible toilet. There were high chairs with arms available in the waiting room.

- There was a hearing loop for patients who had a hearing impairment. Staff told us they would take patients into a private room if they were having difficulty communicating.
- 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 directed to other services for vaccines only available privately.
- There was a patient information area containing leaflets on health promotion and support services. There was also a machine that patients could use to check their blood pressure and then give the reading to the reception staff who would record it in the patient's notes.
- The practice hosted a weekly drugs and alcohol misuse clinic.
- The practice was delivering a 'Care Home Scheme' enhanced service. This ensured patients living in care homes had annual reviews by a Geriatrician and regular review of medication, clinical care and advanced care planning with the GPs and nurses. There was a named GP for individual care homes and they did regular visits in conjunction with the care home staff and the district nurses.
- Family planning clinics, minor surgery and joint injections were provided at the practice so patients did not have to travel to hospital to access these services.

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

- 90% described the overall experience of their GP surgery as good compared to the local CCG average of 86% and national average of 85%.
- 83% 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

Gilberdyke Health Centre is open between 8am to 6.30pm Monday to Friday. Appointments are available from 8.30am

# Are services responsive to people's needs?

## (for example, to feedback?)

to 11am and 4pm to 6.00pm Monday, Wednesday, Thursday and Friday and 8.30am to 11am and 3pm to 6pm on Tuesday. Late evening appointments are available from 6.30pm to 7pm on Mondays and Tuesdays.

Pre-bookable appointments that could be booked up to one month in advance were available for GPs and nurses. Urgent appointments were also available for people that needed them. All emergencies were triaged by the triage nurse and seen the same day if necessary. Feedback on the comment cards and questionnaires showed eight patients felt they had to wait too long to book an appointment in advance.

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

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

- 78% of patients were satisfied with the practice's opening hours compared to the local CCG average of 74% and national average of 76%.
- 81% found it easy to get through to this surgery by phone compared to the local CCG average of 68% and national average of 73%.
- 80% of patients described their experience of making an appointment as good compared to the local CCG average of 72% and national average of 73%.
- 88% stated that they were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG and national average of 85%.

The practice had a system in place to assess:

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

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

### Listening and learning from concerns and complaints

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

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

We looked at six complaints received in the last 12 months and found the practice had dealt with them in a timely way and been open and transparent when reviewing them. Lessons were learnt from individual complaints and action was taken as a result to improve the quality of care. For example, a complaint was received after a patient contacted the practice at 5.30pm and the automatic closed message was given on the phone. The practice investigated and found the automatic phone system voicemail showed the time running approximately 30 minutes ahead. The practice contacted the system provider and asked them to change the voicemail server to the correct time.



# 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 mission statement. 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.
- Practice policies were implemented and were available to all staff on the intranet.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit and monitoring was used to monitor quality and to make improvements. However action plans for audits, significant events analysis (SEA) and complaints did not always state who had responsibility for ensuring actions were completed, dates for completion and review dates to confirm actions had been completed.
- There were systems in place for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

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

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

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

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

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

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

- The practice had gathered feedback from patients through patient surveys, suggestions and complaints received. The Patient Participation Group (PPG) met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested having a 'drop off' point at the front of the surgery due to the limited number of car parking spaces.

# Are services well-led?

Good 

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

- There was a PPG noticeboard in the waiting room which had information about the members and encouraged other patients to join.
- There was a practice newsletter which was available in the waiting area, at the local chemist and post office and on the practice website. The newsletter provided information on various issues, for example, staff changes, opening times on bank holidays, feedback from patients and research studies that the practice was currently participating in. The newsletter encouraged patients to contact the practice if they were interested in participating in any of the research studies.
- The practice also gathered feedback from 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. Staff told us they felt involved and engaged to improve how the practice was run. For example, staff identified an area where extra training was required and this was provided by the practice.

## 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, there was a GP lead for research and the practice was participating in local research projects.