

The Ridings Medical Group

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Ridings Medical Group on 7 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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 found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw some areas of outstanding practice including:

Summary of findings

- The practice had set up a 'patient booth'. The patient booth was an additional service for patients to obtain advice and support and was run by in-house patient champions on a voluntary basis.
- The practice ran an Advanced Training Practice (ATP) hub was instrumental in supporting pre- registration student nurses to have clinical placement experience, to encourage them to consider practice nursing at the point of qualification.
- The practice employed a full time community nurse who was responsible for providing chronic disease reviews and vaccinations to housebound and care home patients.

- The PPG managed monetary funds called the 'PPG Nursing Fund' which were predominantly donations from patents and book sales in the practice. The funds from these donations had allowed the practice to purchase children's activity tables and items of clinical equipment.

However there were areas of practice where the provider should make improvements:

- Put systems and arrangements in place to ensure uncollected scripts are managed in a timely manner.

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



- 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.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and 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 in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to the 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 all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice worked with the CCG and the community professionals to identify their patients who were at high risk of attending accident and emergency or having an unplanned admission to hospital.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care.
- 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.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group (PPG) which met on a regular basis, included patients and staff and consisted of 32 members.

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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 chronic 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. Performance for diabetes related indicators was 92% which were similar to the local CCG average of 92% and the national average of 90%. A Nurse practitioner led on diabetic care and was specialised trained in diabetes and had developed patient pathways for care and had established patient group sessions for patients who had pre-diabetes diagnosis. For example, during 2014/15 548 patients were identified with pre-diabetes which had increased to 805 during 2015/16. The practice had established patient group sessions to ascertain early diagnosis.
- Longer appointments and home visits were available when needed.
- The practice employed a full time community nurse who was responsible for providing chronic disease reviews and vaccinations to housebound and care home patients.
- Patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with the integrated care team and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances or who failed to attend hospital appointments.
- There were systems in place to identify and follow up children who had not attended their immunisation appointment and who were at risk. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 84%, which was similar to the local CCG average of 85% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice provided 'Skype' consultations over the internet in order to meet patients' different needs.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances and those with a learning disability.
- The practice also had a dedicated nominated lead to support patients with a learning disability. Regular assessments of

Summary of findings

needs took place as part of a patients disability check. For example, seasonal reviews and examinations. Reviews took place in conjunction with the known carers of the patients to ensure continuity of care and support.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with the integrated care team and other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 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 98%. This was better than the local CCG average of 88% and the national average of 89%.
- Nationally reported data from 2015/2016 showed 95% of people diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was better than the local CCG average of 85% and the national average of 84%.
- The practice had a lead to manage dementia who was engaged in a local scheme to improve the identification of dementia which achieved the practice prevalence of 0.8% compared with the national average of 0.6%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

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

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local CCG and national averages. 221 survey forms were distributed and 122 were returned. This represented 0.8% of the practice's patient list. For example:

- 86% 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%.
- 91% said the last appointment they got was convenient compared with the local CCG average of 93% and national average of 92%.
- 88% said the last GP they saw was good at explaining tests and treatments compared to the local CCG average of 89% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 84% and national average of 82%.
- 81% describe their experience of making an appointment as good compared to the local CCG average of 72% and national average of 73%.

- 67% usually wait 15 minutes or less after their appointment time to be seen which is better than the local CCG average of 67% and national average of 65%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 103 comment cards collected from the main practice and the four branch practices. The majority were positive about the standard of care received.

We spoke with 17 patients during the inspection and 19 patients completed questionnaires during our visit. All 36 patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients said staff were polite and helpful and treated them with dignity and respect.

269 patients had completed the Friends and Family Test (FFT) during August 2016 to October 2016. 159 were extremely likely to recommend the practice and 97 were likely to recommend the practice. The remaining 13 patients were either unlikely, extremely unlikely, neither unlikely nor unlikely or did not know.

Areas for improvement

Action the service **SHOULD** take to improve

- Put systems and arrangements in place to ensure uncollected scripts are managed in a timely manner.

Outstanding practice

- The practice had set up a 'patient booth'. The patient booth was an additional service for patients to obtain advice and support and was run by in-house patient champions on a voluntary basis.
- The practice ran an Advanced Training Practice (ATP) hub was instrumental in supporting pre- registration student nurses to have clinical placement experience, to encourage them to consider practice nursing at the point of qualification.

Summary of findings

- The practice employed a full time community nurse who was responsible for providing chronic disease reviews and vaccinations to housebound and care home patients.
- The PPG managed monetary funds called the 'PPG Nursing Fund' which were predominantly donations

from patents and book sales in the practice. The funds from these donations had allowed the practice to purchase children's activity tables and items of clinical equipment.

The Ridings Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a CQC GP specialist advisor, (with expertise in dispensing by Doctors), a practice manager specialist advisor, a second CQC inspector and an expert by experience.

Background to The Ridings Medical Group

The Ridings Medical Group has one main practice and four branches. The main site is in the East Riding of Yorkshire at Brough Surgery. Sites are situated in four locations at, South Cave Surgery, Home on Spalding Moor Surgery, Bubwith Surgery and Little Weighton Surgery. The Little Weighton Surgery is scheduled to close at the end of January 2017 as the building the practice operates from is being refurbished. Patients registered at this branch surgery will be offered patient transport directly to another branch surgery when required. The practice provides services under a General Medical Services (GMS) contract with the NHS England, East Riding of Yorkshire Area Team to the practice population of 26,658, covering patients of all ages.

The practice has 13 GP partners and six salaried GPs partners (seven male and 12 female). There are six advance care practitioners, five practice nurses, eight health care assistants and in-house pharmacists. The practice is also supported by a management team and a team of administration, secretarial and, reception staff.

The Brough, South Cave and Bubwith surgeries are dispensing practices. The Brough, South Cave and Holme

on Spalding Moor surgeries are open between 8am and 6.30pm Monday to Friday. The Bubwith Surgery is open between 8.30am and 6.30pm Monday to Friday. The Little Weighton Surgery is open between 1pm and 2pm on a Wednesday and Friday. Extended hours are provided on a Saturday between 9am and 12pm at the Brough Surgery. Other extended hours are provided on a Tuesday at Brough and South Cave Surgery between 6.30pm and 8.15pm on alternate weeks. Extended hours are also provided on a Monday at the Holme on Spalding Moor Surgery between 6.30pm and 7.30pm.

The practices, along with all other practices in the East Riding of Yorkshire CCG area have a contractual agreement for NHS 111 service to provide Out of Hours (OOHs) services from 6pm. This has been agreed with the NHS England area team.

The proportion of the practice population in the 20-34 years age group is 2% - 3%. This is lower than the England average of 3% - 4%. The proportion of the practice population in the 40-54 years age group (4%) is higher than the England average of 3%. The practice scored 10 on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have greater need for health services. The overall practice deprivation score is better to the England average, the practice is 5.2 and the England average is 21.8.

The practice was an advanced training practice (ATP) and recruited sixth form students from the local school/college as part of their bespoke mentoring scheme. This enabled students to be supported in work experience with aspirations to do medicine.

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 December 2016 of all five surgeries at Brough Surgery, South Cave Surgery, Home on Spalding Moor Surgery, Bubwith Surgery and Little Weighton Surgery.

During our visit we:

- Spoke with a range of staff including four GPs, three dispensary staff, four nurses and three management staff including the practice manager. We also reviewed 26 questionnaires completed by administration, secretarial and reception staff.
- Spoke with 17 patients who used the service including two members of the Patient Participation Group (PPG) and two patient champions. Patient champions were patient volunteers that attended the practice on a Thursday for two hours a week and offered support to patients and practice staff.

- Reviewed 15 questionnaires completed by patients collected from the four branch surgeries during our visit.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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).

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a pre-arranged home visit was attended to by the GP. The practice had reviewed their systems for how unassigned patient visits were handled and adjusted their internal procedures accordingly.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures were accessible to all staff. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- Information telling patients that they could ask for a chaperone was visible in the reception area. Nursing staff and dispensing staff acted as chaperones and understood their responsibilities, including where to stand to be able to observe the examination. Nursing staff and dispensing staff had received a disclosure and barring check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead nurse was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control monitoring was undertaken throughout the year and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice had standard operating procedures (these are written instructions about how to safely dispense medicines) that covered all aspects of the dispensing process. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. All prescriptions were signed by a GP before they were given to patients and there was a system in place to support this. Staff told us how they managed medication review dates and how prescriptions were monitored, including those that had not been collected. We saw that uncollected prescriptions did not trigger an alert until after two months. Following our inspection, the practice manager told us that internal procedures had been updated and uncollected prescriptions are collected on a monthly basis. However, we saw that some out of date medication stock had not been collected since 2014. We spoke to the practice manager about this and they had assured us that the medicines

Are services safe?

concerned were segregated from use in a safe manner and the relevant organisation that collected these medicines had been contacted for completion in the next two months.

- We checked medicines stored in the dispensary and treatment rooms and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring medicines were stored at the required temperatures. We also noted that the electrical sockets that vaccine fridges were plugged into were not labelled to ensure staff did not inadvertently turn off the power. We spoke to the practice manager about this and following our visit the manager assured us that the fridge sockets had now been labelled with appropriate warning signs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had a fire risk assessment and a fire warden in place. Staff we spoke with were able to describe the action they would take in the event of a

fire. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice carried out monthly monitoring checks of the environment.

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

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
- A first aid kit and accident book was available.
- Emergency medicines were available and easily accessible to staff in a secure area of the practice, all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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 from the Quality 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). Results from 2015/2016 showed the practice achieved 98.6% of the total number of points available. This was similar to the local CCG average of 96.6% and the national average of 95.4%. The practice had 9% 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). Data from 2015/16 showed;

- Performance for diabetes related indicators was 92% which was similar to the local CCG average of 92% and the national average of 90%.
- Performance for mental health related indicators was 100% which was above the local CCG average of 95% and national average of 93%.
- The practice had a lead to manage dementia who was engaged in a local scheme to improve the identification of dementia which achieved the practice prevalence of 0.8% compared with the national average of 0.6%.
- 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 86%. This was similar to the local CCG average of 89% and the national average of 90%.

- The percentage of patients with asthma who had had an asthma review in the preceding 12 months was 72%, which was similar to the local CCG average of 76% and the national average 75%.

Clinical audits demonstrated quality improvement.

- We saw records that there had been clinical audits completed in the last two years, and these were completed audits where the improvements were monitored and shared with the practice team.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Clinical audit findings were used by the practice to improve services.
- The practice could evidence quality improvement with a number of clinical audits. We saw records of at least two clinical audits that had been completed in the last year. These were completed audit cycles that demonstrated improvements had been implemented and reviewed. The practice participated in local CCG audits such as antibiotic prescribing. Both audits had actions to improve the overall clinical care for patients and been shared with practice staff in training sessions to improve treatment outcomes for these patients. For example; the practice had completed an audit of patients diagnosed with cancer and how often these patients had been seen by the practice. They had identified 44 patients in this group that had only been seen since their diagnosis approximately two years ago. Further analysis of significant events showed that the practice had implemented recommendations for improved communication to high priority patients.

Effective staffing

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

- The practice was accredited as an Advanced Training Practice (ATP) hub and as such has been instrumental in supporting different groups of practitioners to work alongside GPs such as: practice pharmacists and physiotherapy.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had 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.

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 ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records 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.

- 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 contraception and those with mental health problems. Patients were then signposted to the relevant service.
- A Nurse practitioner led on diabetic care and was specialised trained in diabetes and had developed patient pathways for care and had established patient group sessions for patients who had pre-diabetes diagnosis. For example, during 2014/15 548 patients were identified with pre-diabetes which had increased to 805 during 2015/16. The practice had established 130 pre-diabetes patient group sessions during 2014/15 which had increased to 230 during 2015/16.

The practice had a comprehensive cervical screening programme. QOF data from 2015/2016 showed the practice's uptake for the cervical screening programme was 84%, which was similar to the local CCG average of 85% and the national average of 81%. There was also a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

Data from 2015/2016 showed childhood immunisation rates for the vaccinations given were comparable to the local CCG and national averages for children aged 12 months, two and five years. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 99% compared to the CCG average of 75% to 98% and for five year olds from 96% to 98% compared to the CCG average of 96% to 98%.

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. The practice

completed 3406 health checks and had identified 32 patients with diabetes and 272 with hypertension. All the patients went on to undertake treatment in a timely manner. For example QOF data from 2015/2016 showed the percentage of patients aged 45 or over who had a record of blood pressure testing in the preceding five years was 98%. This was similar to the local CCG average of 99% and the national average of 98%. 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 a private room to discuss their needs.

We spoke with 17 patients during the inspection, spoke with two members of the PPG and two patient champions. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Staff responded compassionately when they needed help and provided support when required. Patients also completed 103 CQC comment cards from all five surgeries.

Patients said they felt the practice offered an excellent service and staff were helpful and caring. Staff were described as compassionate, kind, excellent, caring, understanding, friendly and sensitive.

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 consultations with GPs and similar to the local CCG and national average for consultations with nurses. For example:

- 89% said the GP gave them enough time compared to the local CCG average of 90% and national average of 87%.
- 90% said the GP 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 spoke to was good at treating them with care and concern compared to the local CCG average of 87% and national average of 85%.
- 96% said they had confidence and trust in the last GP they saw compared to the local CCG average of 96% and national average of 95%.
- 95% said the nurse gave them enough time compared to the local CCG average of 95% and national average of 92%.
- 92% said the nurse was good at listening to them compared to the local CCG average of 94% and national average of 91%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 93% and national average of 91%.
- 97% said they had confidence and trust in the last nurse they saw compared to the local CCG average of 98% and national average of 97%.
- 86% of patients said they found the receptionists at the practice helpful compared to the local CCG average of 87% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The results were similar to the local CCG and national averages for consultations with GPs and nurses, for example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the local CCG average of 89% and national average of 86%.

Are services caring?

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

Staff told us that translation services were available for patients who did not have English as a first language and there was the facility to translate information on the practice website into other languages.

Patient and carer support to cope emotionally with care and treatment

There was information available in the waiting room for patients about how to access a number of support groups and organisations. Discussions with staff and feedback from patients' demonstrated staff were highly motivated and were inspired to offer care that was kind, caring and supportive and that met the needs of the population. A large proportion of the patients told us that staff went over and above their responsibilities.

The practice had a carer's register in place. The practice had identified 1.6% of its patient list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and the CCG to secure improvements to services where these were identified. For example, the practice was proactive in identifying patients who were at risk of unplanned admission to hospital and had implemented detailed care plans in order to reduce the risk. The practice had audited its admission avoidance register (AAR) which contributed to preventing unnecessary hospital admissions from a care home. For example, the number of patient on the AAR was 26 and there were 10 hospital admissions and five A+E attendances during April to October 2014. This had been reduced to one hospital admission and four A+E attendances during April to October 2015.

Between 2014 and 2016 care plan reviews had increased from 150 to 1063. The number of carers identified at the practice had increased from 1227 to 1558 and next of kin records had been updated from 1879 to 3370.

The practice had engaged in an Integrated Primary Care Team (IPCT) hub working to support patients who were at risk of hospital admission, to stay at home with support. The practice had also formed an Integrated Care Team including advance care practitioners, delivering for example, chronic disease assessment management and pharmacy prescribing. 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.

The practice had a dedicated nominated lead to support patients with a learning disability. Regular assessments of needs took place as part of a patients disability check. For example, seasonal reviews and examinations. Reviews took place in conjunction with the known carers of the patients to ensure continuity of care and support.

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:

- The practice offered specific contraceptive and smoking cessation counselling for patients.
- The practice hosted an in-house Alzheimer's clinic run by members of the Alzheimer's Society.

- There were longer appointments available for people with a learning disability.
- The practice offered physiotherapy clinics to book direct or by referral by another practice team member.
- Appointments could be made on line, via the telephone and in person.
- The practice had set up a 'patient booth'. The patient booth was an additional service for patients to obtain advice and support and was run by in-house patient champions on a voluntary basis. Patient champions attended the practice on a Thursday for two hours a week and offered support to practice staff on flu clinics for example, by checking any allergies prior to clinical intervention. They also assisting patients in completing forms, encouraged friend and family test completion and supported patients in signposting them to other NHS health care services and advice.
- Telephone and internet consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice employed a full time community nurse who was responsible for providing chronic disease reviews and vaccinations to housebound and care home patients.
- There were disabled facilities and translation services available.

Access to the service

The Brough, South Cave and Holme on Spalding Moor surgeries were open between 8am and 6.30pm Monday to Friday. The Bubwith Surgery was also open between 8.30am and 6.30pm Monday to Friday. The Little Weighton Surgery were open between 1pm and 2pm on a Wednesday and Friday. Extended hours were provided on a Saturday between 9am and 12pm at the Brough Surgery. Other extended hours were provided on Tuesdays at Brough and South Cave Surgery between 6.30pm and 8.15pm on alternate weeks. Extended hours were also provided on a Monday at the Holme on Spalding Moor Surgery between 6.30pm and 7.30pm. The practices, along

Are services responsive to people's needs?

(for example, to feedback?)

with all other practices in the East Riding of Yorkshire CCG area had a contractual agreement for NHS 111 service to provide Out of Hours (OOHs) services from 6pm. This had been agreed with the NHS England area team.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed to the local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the local CCG average of 74% and national average of 76%.
- 88% of patients said they could get through easily to the surgery by phone compared to the local CCG average of 68% and national average of 73%.
- 81% of patients described their experience of making an appointment as good compared to the local CCG average of 72% and national average of 73%.
- 91% of patients said their last appointment they got was convenient compared to the local CCG average of 93% and national average of 92%.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system. Information was on the practice website, in the patient information and complaints leaflets.

The practice had received 19 formal complaints in the last 12 months and these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, it was identified that there was an increased awareness required to the practice bereavement protocols regarding the support from practice staff and GPs and subsequently the protocol was revised and issued. The practice had completed an annual analysis of its complaints and had identified trends whereby appropriate action planning had been implemented.

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 had a mission statement and staff understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values. These were regularly monitored.

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 in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unintended or unexpected safety incidents:

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

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

- 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 in doing so. They said they felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patientsThe PPG had 32 full time members in the group. The PPG were extremely pro-active in their approach, integrated into the practice and met regularly on a six weekly basis. The PPG was formed in 2011 and had long standing members. The group was fundamental in implementing a number of projects for example, improved patient information screens, new practice signage, completing of patient surveys on-site and publication of patient newsletters.
- PPG members told us that a meeting agenda was prepared in time for the meeting. The group were also involved in other areas of the practice for example; assisting with interviews for new GPs and other staff, engagement with practice merger meeting and local parish council meetings, assisted in co-ordinating patients during walk-in flu clinics, involved in significant event reviews and patient representation at federation meetings. The PPG also managed monetary funds

Are services well-led?

Good 

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

called the 'PPG Nursing Fund' which were predominantly donations from patients and book sales in the practice. The funds from these donations had allowed the practice to purchase children's activity tables and items of clinical equipment.

- The practice had also gathered feedback from staff through staff meetings, appraisals and general discussions. 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.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. This included:

- Implementing the Integrated Primary Care Team (IPCT) hub working to support patients who were at risk of hospital admission, to stay at home with support.
- The Advanced Training Practice (ATP) hub was instrumental in supporting pre-registration student nurses to have clinical placement experience, to encourage them to consider practice nursing at the point of qualification.