

Kingston Health (Hull)

Inspection report

Kingston Health
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Hull
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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Kingston Health (Hull) on 13 June 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them, and improved their processes.
- The practice had systems in place to minimise risks to patient safety.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had thoroughly reviewed the effectiveness and appropriateness of the care it provided. They ensured that care and treatment was delivered according to evidence-based guidelines and best practice.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

- The practice organised and delivered services to take account of individual and cultural patient 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.
- Information about services and how to complain was available. Improvements were made to improve the quality of care as a result of complaints and concerns.
- There was a strong focus on improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Improve the system for the monitoring of cleaning schedules and maintenance checks.
- Implement in-depth clinical outcome based audits to improve to patient care.
- Although patient feedback is being sort in other ways the practice should explore ways of introducing and implementing a patient participation group (PPG) to drive improvement.
- Improve the arrangements for alerting other services that could be in the building in respect of signage of the storage of gas cylinders.
- Review and improve the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if appropriate.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, an inspection manager and a second inspector.

Background to Kingston Health (Hull)

Kingston Health (Hull) is located at Wheeler Street, Anlaby Road, Hull, North Humberside, HU3 5QE. The practice is situated in the middle of a large inner-city housing estate in Hull. It has approximately 9,202 patients mainly from a white British background. Approximately 28% of the practice population are over the age of 65. The practice is in an area measured as having high levels of deprivation and is scored as two on the indices of deprivation. Practices with high levels of deprivation typically have more need for health care services. The location provides accessible facilities and have several public car parking spaces. There is also a branch practice situated in the west of the city of Hull (Park Health Centre) providing services for patients in the Holderness Road and surrounding areas at 700 Holderness Road, Hull, HU9 3JR. We visited the branch practice as part of our inspection.

The practice website can be found at:

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

Kingston Health (Hull) is situated within Hull Clinical Commissioning Group (CCG) and provides services under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice has two full time GPs and three part-time (four male and one female). The practice has a Business Manager, an Assistant Practice Manager, a Team Leader, two Practice Nurses, two Health Care Assistants, a Pharmacist and 13 administration and reception staff.

The practice is open between 8am to 6.30pm on Monday to Friday. The Park Health Centre branch is also open between 8am and 6.30pm Monday to Friday. Appointments with GPs are from 8.40am to 5.50pm and nursing 8am to 5.50pm daily.

The practice has opted out of providing out-of-hours services to their own patients and refers them to the Out of Hours service via the NHS 111 service, which is provided by City Health Care Partnership CIC.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns and these were discussed at staff meetings.
- Staff who acted as chaperones were trained for their 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. This included locum staff.
- There was an effective system to manage infection prevention and control and an up to date audit was in place. However, we saw that some areas were in need of attention for example, some floor areas were stained and dirty, waste bins were not foot operated and some work tops in clinical areas required attention
- We also saw an uneven floor area that could potentially cause a trip hazard. We discussed this with the provider on the day of our visit and they told us they would address this. Following our inspection visit the service provided us with information from a suitable contractor to show they were to implement repairs.
- The practice had systems and processes to ensure that facilities and equipment were safe, in good working order and maintained regularly.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. However, we saw that a shared emergency defibrillator was not quickly accessible and located some distance away from the practice at the branch site which was part of a multi-occupancy building. The provider told us that they were in the process of obtaining their own equipment.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis; this was supported by alerts on the computer systems if 'red flag' symptoms were suspected.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We saw evidence of a co-ordinated approach between the practice and community nurses to support provision of safe care and treatment for patients.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- The staff prescribed, administered or supplied medicines to patients and gave advice on medicines in

Are services safe?

line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues. We saw that a defibrillator was available for use at the branch practice. However, this was shared with other services at the premises and was not in the immediate vicinity of the staff at the branch. We discussed this with the provider and they told us that they were considering obtaining their own equipment. Risk assessments were up to date and reviewed regularly.
- We saw that there was a fire risk assessment completed in March 2018 for both sites. We also saw that warning signs alerting fire teams that there was liquid nitrogen

stored were made of paper and in the event of a fire these could be destroyed potentially putting fire teams at risk. Following the inspection, we referred these concerns to the local fire safety authority.

- The practice monitored and reviewed safety using information from a range of sources.
- Staff were encouraged to raise any areas of concern relating to safety.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. They told us that they felt supported to do so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems and processes in place to keep clinicians up to date with current evidence-based practice. We saw that clinicians had assessed patient needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Clinical templates were used where appropriate to support decision making and ensure best practice guidance was followed.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- An agreement had been set up with Yorkshire Ambulance Service (YAS) paramedic service to provide

additional home visiting support to patients for managing long term conditions who were directly registered in the practice and other services in the group.

- Staff who were responsible for reviews of patients with long-term conditions had received specific training. Clinical staff would opportunistically offer reviews if patients had failed to attend previous appointments.
- The practice nurses carried out routine reviews for patients on the chronic disease register. For example, patients with diabetes, and Asthma.
- GPs followed up patients who had received treatment in hospital or through out of hours services.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.

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

- The practice's uptake for cervical screening was 78% which was comparable with other practices nationally but was below the 80% coverage target for the national screening programme. **This figure considers the actual number of women screened. Higher or lower performance data may be available based on QOF reporting that includes exception records that may not reflect an accurate performance figure for women undergoing cervical screening.**
- The practice's uptake for breast and bowel cancer screening was in line with the local CCG and national averages.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Are services effective?

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The provider was planning to roll out a vulnerable patients (VP) telephone line, which is intended to allow patients to bypass normal access to services and would be available between 10am and 2pm each day. This would be available for patients who were deemed as most vulnerable for example life limiting illness or recently diagnosed with cancer. The provider told us that it has planned to launch this in September 2018.
- An external agency (Connect Well) attended the practice on a weekly basis to support patients and offer advice for example, on financial issues, benefits and physical and emotional difficulties. For example, a patient had used the service to assist them in becoming more involved in a number of community based activities and initiatives
- The practice held a register of patients living in vulnerable circumstances including patients at risk of domestic violence, homeless and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks. This included interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability (LD). As part of the review for LD patients, they were offered tailored information and booklets in a format which may aid their understanding.
- The practices performance on quality indicators for mental health was above average with local CCG and national averages.

Monitoring care and treatment

A number of audits had been undertaken including review of tonsillitis, compliance of eyelid hygiene and penicillin prescribing in children. This did not result in changes to clinical management and medicines reviews for individuals. We discussed this with the provider and they assured us that more in-depth clinical outcome based audits would be completed.

Where appropriate, clinicians took part in local and national improvement initiatives including CCG activity.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. The practice told us they benchmarked their performance against other practices in the Hull Health Forward Confederation (HHFC) grouping and if appropriate implemented new ways of working to further improve their performance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had a wide range of knowledge and skills appropriate to their role, for example, to carry out reviews for people with long-term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

Are services effective?

- The practice understood the learning needs of staff and provided regular protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included a documented induction process, one-to-one meetings, appraisals, regular staff meetings and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a co-ordinated way which took into account the

needs of different patients, because of their circumstances. The practice held multi-disciplinary team meetings on a monthly basis to discuss vulnerable patients and safeguarding referrals.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported local and national priorities and initiatives to improve the population's health, for example, social prescribing and financial advice, stop smoking campaigns and tackling obesity.
- The practice had completed a promotion of health checks and 66% of patients invited had taken up the invitation.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was recorded.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. All staff had received training on the Mental Capacity Act (MCA) and the staff we spoke with understood their responsibilities.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The majority of the 12 CQC patient comment cards and the 18 patient questionnaires we received on the day of inspection from both sites, were positive about the service. Staff were described as professional, respectful and caring. Patients also said that receptionists at the surgery were very helpful.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given).

- Staff were kind and respectful and communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- We saw that an electronic appointment screen was available for patients in languages other than English. For example, Albanian, Polish and Russian.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice identified carers and supported them. 0.4% of the practice population had been identified as carers. We saw that the practice had a variety of tools to support young carers for example; applications for funding (short break grants) and signposting to support services in the local area.
- The practice's GP patient survey results were in line with local CCG and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- All of the 18 patient questionnaires we received completed on the day of inspection told us their dignity and privacy was respected.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient individual and cultural needs and preferences.

- The practice understood the health and social needs of its population and tailored services in response to those needs.
- Telephone triage and consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice implemented a new telephone system in April 2018 that allowed patients improved access for example, call queuing.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- An additional home visiting service had recently been commissioned by the CCG to help support people requiring a home visit. This means that Emergency Care Practitioners (ECPs) were externally appointed to assist with home visits in addition to normal GP visits.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group 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 open until 6.30pm Monday to Friday. The service was working with the Hull federation grouping on a broader extended hours plan and staff mix. Patients could also arrange an appointment at the branch practice across the city.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including patients at risk of domestic violence, homeless and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those who have substance misuse problems through information sharing with the local drug and alcohol services.
- The provider was planning to roll out a vulnerable patients (VP telephone line), which is intended to allow patients to bypass normal access to services and would be available between 10am and 2pm each day. This would be available for patients who were deemed as most vulnerable for example life limiting illness or recently diagnosed with cancer. The provider told us that it is planned for launch in September 2018.

Are services responsive to people's needs?

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

- Priority appointments would be allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use. The practice implemented a new telephone system in April 2018 that allowed patients improved access for example, call queuing.
- The practice had reduced the 'did not attend' (DNA) appointments by 40% by adopting a robust DNA policy and this had increased the number of available appointments over the last 12 months.

- The practice's GP patient survey results were in line with local CCG and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately. Staff told us that when language was a barrier they would assist patients with this.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and an analysis of trends and discussed these at staff meetings. It acted as a result to improve the quality of care. For example, after a patient complained about obtaining an appointment and not being told about a call back time from staff, this was discussed in a partners meeting and staff were reminded regarding giving accurate call back times. The practice had also implemented a new telephone system in April 2018 which allowed patients to hold for the next available operator.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues, challenges and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on any behaviour and performance which was inconsistent with the vision and values of the practice.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of staff. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear and knowledgeable regarding their roles and responsibilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We saw that policies and procedures were regularly reviewed and available to staff.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- A number of audits had been undertaken including review of tonsillitis, compliance of eyelid hygiene and advice and penicillin prescribing in children. However, this did not result in changes to clinical management

Are services well-led?

and medicines reviews for individuals. We discussed this with the provider and they assured us that more in-depth clinical outcome based audits would be completed.

- The practice had plans in place and had trained staff for major incidents. For example, a major power outage had occurred for approximately one hour and the practice implemented its emergency protocols to prevent refrigerator vaccines being destroyed.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. We saw evidence that changes were made to services as a result of patient feedback for example, a wheelchair for patients to use whilst they were visiting the practice was requested to assist people with mobility problems. The practice were actively seeking a Patient Participation Group (PPG) and were establishing a proposal with the newly formed federation to create a central PPG within the group.
- The practice was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a renewed focus on continuous learning and improvement.
- The practice benchmarked their performance against other practices in the Hull GP Federation grouping and used the knowledge of their peers to improve services where possible.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.