

Care Quality Commission

Inspection Evidence Table

Kingston Health (Hull) (1-601123624)

Inspection date: 13 June 2018

Date of data download: 07 June 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers:	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person</p> <p>Date of last inspection/Test:</p>	<p>Yes</p> <p>27/06/17</p>
<p>There was a record of equipment calibration</p> <p>Date of last calibration:</p>	<p>Yes</p> <p>27/06/17</p>
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	<p>Yes</p>
<p>Fire procedure in place</p>	<p>Yes</p>
<p>Fire extinguisher checks</p>	<p>Yes</p>
<p>Fire drills and logs</p>	<p>Yes</p>
<p>Fire alarm checks</p>	<p>Yes</p>
<p>Fire training for staff</p>	<p>Yes</p>
<p>Fire marshals</p>	<p>Yes</p>
<p>Fire risk assessment</p> <p>Date of completion</p>	<p>Yes</p> <p>03/04/18</p>
<p>Actions were identified and completed.</p> <p>We saw that there was no fire risk assessment for the upper floor staff area in the case of an emergency escape. Following the inspection, we referred these concerns to the local fire safety authority.</p>	<p>No</p>
<p>Health and safety</p> <p>Premises/security risk assessment?</p> <p>Date of last assessment:</p>	<p>Yes</p> <p>16/02/18</p>
<p>Health and safety risk assessment and actions</p> <p>Date of last assessment:</p> <p>We also saw an uneven floor area that could potentially cause a trip hazard. This had not been identified in the risk assessment. 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.</p>	<p>Yes</p> <p>11/06/18</p>
<p>Additional comments:</p> <p>Legionella tests completed on 16/11/17.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>Weekly infection control and premises checks were in place including patient facilities. A handwashing audit was completed at the last team meeting with the local infection control team 10/01/2018.</p>	<p>Yes</p> <p>08/05/18</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers:</p>	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
Explanation of any answers:	
A business continuity plan was in place and a hard copy retained by staff. Dated 25 May 2017.	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers:	

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	1.14	1.04	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	4.7%	4.8%	8.9%	Variation (positive)

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and	Yes

transported in line with PHE guidance to ensure they remained safe and effective in use.	
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Explanation of any answers:

We saw that the defibrillator at the branch site was shared with three other services and some distance away from the practice area. We discussed this with staff and although staff knew the location of the equipment, we asked the provider to ensure a risk assessment was conducted to ensure safe use of the defibrillator was maintained.

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	15
Number of events that required action	All

Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
Medication storage facilities	The socket switch to the medicines refrigerator had been accidentally switched off. Staff identified the error at the point of the next refrigerator check and reported the incident. Medicine stock was removed and disposed of. Isolation electrical switch covers were fitted to stop the event happening again.
Patient accident	A patient was knocked over by automatic entry doors at the branch site. Provider reported incident to the property providers and adjustments were made to the door entry system. Apology made to persons involved.
Information Governance	A handbag was stolen belonging to a member of staff containing a smart card. This was reported to the police. New smart card was replaced and old access arrangements were removed.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: Noted a comprehensive system in place with good awareness by all staff. Formally discussed significant events at meetings. An electronic system used centrally to manage these events.	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	1.01	1.10	0.90	Comparable to other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	78.5%	80.1%	79.5%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions) 7.9% (42)	CCG Exception rate 14.8%	England Exception rate 12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QoF)	72.9%	77.8%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions) 10.9% (58)	CCG Exception rate 12.0%	England Exception rate 9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QoF)	80.8%	80.1%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate
	11.7%	(62)	15.6%	13.3%

Other long-term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	95.7%	76.7%	76.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.3% (131)	13.8%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	98.9%	89.7%	90.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.6% (35)	16.8%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	85.9%	83.7%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.1% (60)	5.2%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	71.7%	86.2%	88.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (5)	6.3%	8.2%	

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	94	96	97.9%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	101	102	99.0%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	101	102	99.0%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	100	102	98.0%	Met 95% WHO based target Significant Variation (positive)
Any additional evidence or comments				

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	77.9%	73.9%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	72.3%	69.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	55.0%	54.4%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	52.2%	64.3%	71.2%	N/A

Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) <small>(PHE)</small>	45.5%	50.4%	51.6%	Comparable to other practices
Any additional evidence or comments				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	86.6%	90.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	33.3% (17)	18.4%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	89.4%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	31.4% (16)	16.4%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	98.6%	84.3%	83.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.3% (24)	12.3%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	555	523	539
Overall QOF exception reporting	6.6%	6.6%	5.7%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
<p>If no please explain below:</p> <p>Any further comments or notable training:</p> <p>We observed all appraisals were up to date.</p>	

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QoF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	96.7%	95.7%	95.3%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (12)	0.9%	0.8%	

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	12
Number of CQC comments received which were positive about the service	8
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
CQC comments cards	A number of cards noted that staff were polite, friendly and helpful. The GPs and nurses at the service were described as caring and patients felt listened to.
NHS Choices	A patient rang for an appointment at 8.05am and got an appointment the same day at 9.50am. The patient commented that the GP was very thorough and caring and involved them in their treatment.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9,202	300	119	39.67%	3.26%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	82.5%	74.0%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	92.8%	86.8%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	96.9%	93.6%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	90.0%	83.2%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	93.0%	92.1%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	92.6%	90.1%	90.7%	Comparable to other practices
Any additional evidence or comments				

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Date of exercise	Summary of results
March 2018 and May 2018	<p data-bbox="370 468 706 504">Friends and family test.</p> <p data-bbox="370 535 1461 604">The practice recorded that 45 questionnaires had been completed between March 2018 and May 2018 which represented 0.5% of the practice population.</p> <ul data-bbox="414 640 1485 808" style="list-style-type: none"> <li data-bbox="414 640 1372 676">• 34 patients said they were extremely likely to recommend the practice. <li data-bbox="414 709 1242 745">• 10 patients said they were likely to recommend the practice. <li data-bbox="414 779 1485 814">• One patient said they were neither likely or unlikely to recommend the practice.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Patient questionnaires	On the day of inspection, we distributed 18 patient questionnaires. These were all returned completed we asked several questions. For example, what was their experience in making and accessing appointments, privacy and dignity and involvement with care. Mostly patients commented positively. Four patients responded that their appointments do not always run on time and they were not always told of the delay, and that they felt they did not have enough time in their consultation. All patients commented positively about the GP listening and understanding their wishes and the nurse explaining treatments and medication.
CQC Comment cards	On the day of inspection, we received 12 CQC comments cards. The majority of responses were positive.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	87.0%	84.4%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	82.9%	78.3%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	90.1%	90.1%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	91.7%	85.9%	85.4%	Comparable to other practices
Any additional evidence or comments				

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	0.4% of the practice population had been identified as carers. The provider had added a new question to the new patient registration form 'are you a carer' to assist in identifying more carers from point of new patient registration.
How the practice supports carers	The practice had a carer's information in place which was regularly updated. 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.
How the practice supports recently bereaved patients	The practice sent a sympathy card and booked an appointment as necessary for family members. We were told the practice had an open-door approach for families who were grieving with access to a clinician of their choice.

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	Although the patient waiting area was a short distance from the reception desk, staff we spoke with were aware of keeping confidential conversations with patients to a minimum.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

Any additional evidence
<p data-bbox="139 1060 1498 1197">During our visit some conversations could be overheard between the HCA room and Nurses consultation room. We discussed this with the provider and they acknowledged that all staff were aware of the need to keep patient confidential discussion to a minimum and at a level that was acceptable for the patient and others around who may overhear conversations.</p> <p data-bbox="139 1228 1498 1302">The practice manger also told us that they were introducing some background distraction in the reception area to allow conversations not to be heard, for example a radio.</p>

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am until 6.30pm
Tuesday	8am until 6.30pm
Wednesday	8am until 6.30pm
Thursday	8am until 6.30pm
Friday	8am until 6.30pm

Appointments available	
GP	8.40am to 5.50pm Monday to Friday.
Nurse	8am to 5.50pm Monday to Friday.
Health Care Assistant	8am to 5.50pm Monday to Friday.
Extended hours opening	
Extended opening hours were under planning stages in conjunctions with Hull Health Forward Confederation (HHFC) grouping strategy.	

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
Telephone triage was available each day with emergency appointments available.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9,202	300	119	39.67%	3.26%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	89.7%	81.4%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	70.2%	62.8%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	60.6%	69.3%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	74.4%	69.1%	72.7%	Comparable to other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
March 2018 – May 2018.	<p>The practice recorded that 45 questionnaires had been completed between March 2018 and May 2018 which represented 0.5% of the practice population.</p> <ul style="list-style-type: none"> • 34 patients said they were extremely likely to recommend the practice. • 10 patients said they were likely to recommend the practice. • 1 patient said they were neither likely or unlikely to recommend the practice.

Patients	On the day of inspection, we distributed 18 patient questionnaires. These were all returned completed whom we asked several questions for example, appointments, privacy and dignity and involvement with care. Mostly patients commented positively. Four patients responded that their appointments do not always run on time and they were not always told of the delay, and that they feel they did not have enough time in their consultation. All patients commented positively about the GP listening and understanding their wishes and the nurse explaining treatments and medication.
CQC Comment cards	On the day of inspection, we received 12 CQC comments cards. The majority of responses were positive.

Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i>)	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	Y/N
Number of complaints received in the last year.	12
Number of complaints we examined	12
Number of complaints we examined that were satisfactorily handled in a timely way	12
Number of complaints referred to the Parliamentary and Health Service Ombudsman	One
Additional comments:	
<p>We discussed complaints in detail with the practice manager and found the practice response was timely and appropriate. We saw examples of letters which were sent to patients. However, not all letters included information of who to contact if the complainant was not happy with the outcome. For example, the parliamentary health ombudsman. The practice manager confirmed that this would now be included in all future responses to complainants.</p>	

Example of how quality has improved in response to complaints
<p>A patient complained they were not called back in a timely manner regarding their appointment, the issues were discussed at a partners meeting and discussed with reception staff. The service was due to implement a new telephone system to reduce the number of times engage tone for improved patient experience. A call back timeframe was also introduced to inform patients of their expected response time.</p>

Any additional evidence
<p>We saw that information on how to complain was available for patients in the waiting area. Patient complaints were discussed at partners clinical meetings and actions recorded and allocated to staff.</p>

Well-led

Vision and strategy

Practice Vision and values
We saw that the practice had a comprehensive business development plan that included the objective for the next three years. The vision of the practice was noted as; 'working in partnership to provide a caring and quality service'.

Culture

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff	Staff told us that they were well supported by management at the practice and they felt able to approach managers for support.
Practice Manager	The management had an 'open door' policy for all staff which was demonstrated by the positive team spirit displayed by the staff.

Examples of changes made by the practice as a result of feedback from staff

Source	Example
Practice Manager	<p>The staff had discussed extra support from a clinical perspective to provide extra duties and further clinical support to GPs. A female GP was recruited which is now complete.</p> <p>Additionally, a new telephone system was introduced in April 2018 to reduce the workload on reception staff and improve the appointment experience for patients.</p>

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
Practice Manager	The Practice Manager and staff members were aware of the duty of candour. We saw apologies were made to patients where necessary.

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Practice Manager	The practice manager had a direct involvement with reception and support staff across both the provider sites and made regular visits to the branch site to support team working. Staff were also given personal support needs by management.

Staff members	Panic alarms were available on all the computers which enabled the staff to call for help if required and staff had annual appraisals which were up to date.
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Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Policies and procedures	We saw evidence that a recruitment policy, an equality and diversity policy was in place and staff had completed training.

Examples of actions to improve quality in past 2 years

Area	Impact
Call handling performance	The practice implemented a new telephone system in April 2018 that allowed patients improved access to appointments for example, call queuing. We were provided with audit data that showed a reduction in call waiting times for patients. Calls were being closely monitored and it appeared that that the new system was having a positive impact on patients call waiting times.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice were part of the Hull Health Forward Confederation (HHFC) grouping and they benchmarked their performance against other practices in the group, and if appropriate implemented new ways of working to achieve results. The governance and management joint working arrangements were promoted and shared within this working group.
Other examples	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.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence

Managing risks, issues and performance

Complaints	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Working Environment	<p>Risk assessment of the working area for both the main practice and branch practice had been completed. Actions had been identified to the working area and completed to prevent risk of injury.</p> <p>However, we also saw an uneven floor area that could potentially cause a trip hazard. This had not been identified in the risk assessment. 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.</p>
Vaccine Cold Chain	A risk assessment for the potential breach in the cold chain process for vaccines stored in the practice was completed and it was identified that

	<p>a number of power outages had occurred in the past resulting in the need for vaccines to be destroyed. Actions were taken to install data loggers to record ongoing fridge temperatures in the event of future power failure.</p>
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Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

Feedback
<p>The practice had continued to increase its patient satisfaction levels and had achieved a 40% decrease in 'did not attend' (DNA) across the practice by implementing a robust DNA policy. DNA means the patient failed to attend the appointment they made to the practice. This appointment slot goes unused and deprives other patients from accessing these. Improving the DNA had made a further estimated 500 appointments available for patients over a 12-month period. The practice had also increased its e-referral rate between (June 2017) and (January 2018) which meant that more patients were getting their referral to other services more effectively.</p>

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Quality Outcomes Framework. (QOF)	The provider had continued to improve year on year on their QOF scores for example, unverified data for 2017/2018 showed improved outcomes for patients. The practice had reviewed the QOF outcomes and prioritised areas for improvement. For example, a pharmacist was employed at the practice for three full days a week to assist in the review and prescribing of treatment to patients
Practice (strengths, weaknesses, opportunities and threats) SWOT analysis	The practice had undertaken their own strengths, weaknesses, opportunities and threats (SWOT) analysis as part of their business development plan and had identified a number of actions to support improvement. For example, changes in funding arrangements and further development opportunities for staff.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

- Significant variation (positive)
- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).