

# South Holderness Medical Practice

## 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 South Holderness Medical Practice on 30 November and 1 December 2015. The practice is rated as good.

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

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

- 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.
- 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 an area of outstanding practice.

- The practice was working with Humber NHS Foundation Trust on a project called Withernsea Forward to review the services provided at the community hospital in Withernsea and in the surrounding area. The practice had arranged public

# Summary of findings

events for people to discuss and share their ideas about what services they would like to see at the hospital and in the local area in the future to make the most of the local health facilities and services.

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

Importantly the provider should:

- Ensure the process for recording medication fridge temperatures is reviewed.

- Ensure appointments run on time and patients are kept informed if clinics are running late.
- Ensure the practice has a written strategy and supporting business plan which outlines their vision and plans for the future.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were comparable or below the local CCG average. Where outcomes were below the CCG average the practice had implemented robust action plans to improve.
- 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 multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP survey showed that 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. We observed a patient-centred culture.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



# Summary of findings

- The practice participated in National Carers Week and had invited representatives from different organisations to spend time in the practice to talk to patients and/or relatives and carers. These included the Alzheimer's Society, McMillan Nurses, Carers Support, the Red Cross, Parkinson's Society and local health trainers.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice worked with the CCG and the community matrons and district nurses to identify their patients who were at high risk of attending accident and emergency or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admissions or A&E attendances.
- Patients said they were able to make appointments the same day for urgent problems.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- The practice opened late for nurse and HCA appointments on Tuesday and Wednesday evenings. There was a plan to offer GP appointments to run alongside these.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice was working with Humber NHS Foundation Trust on a project called Withernsea Forward to review the services provided at the community hospital in Withernsea and in the surrounding area. The practice had arranged public events for people to discuss and share their ideas about what services they would like to see at the hospital and in the local area in the future to make the most of the local health facilities and services.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient reference group and a virtual patient reference group.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over the age of 75 had a named GP.
- The practice participated in the enhanced service to reduce unplanned admissions and these patients had care plans in place.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There was a residential homes scheme and all care homes had a set visiting day when patients were reviewed, in addition to frequent visits to deal with any problems between planned review visits.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

Good



### People with long term conditions

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

- 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 2014/2015 showed that outcomes for patients with long term conditions were good. For example, performance for heart failure indicators was 100%, this was 1.9% above the local CCG average and 2.1% above the national average.
- Longer appointments and home visits were available when needed.
- All patients with a LTC had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had set up a Diabetes Self Help Group for patients to meet with each other and diabetes health professionals to improve self-care management. The first meeting was scheduled for February 2016.

Good



# Summary of findings

- The practice had won a Royal College of General Practitioners award for its Long Term Conditions Clinic. The clinic provided a 'one stop shop' approach for patients to have all their LTCs reviewed at one appointment. The 'one stop shop' approach to LTCs management had been rolled out to other practices in the CCG area.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances or who failed to attend hospital appointments.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Nationally reported data from 2014/2015 showed the percentage of patients with asthma, who had had an asthma review in the preceding 12 months that included an assessment of asthma control, was 70.1%. This was 6.7% below the local CCG average and 5.2% below the national average.
- 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.
- A Young Persons Newsletter was produced and a stand was held at the local summertime festival to promote safe sun care with young people.
- The practice worked with the Withernsea Education Project to provide a health awareness programme in the local primary and secondary schools.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 77%, this was 7.9% below the local CCG average and 4.8% below the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses. The GP safeguarding lead and business manager met with the health visitor and midwife each month to discuss any vulnerable children.
- The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns.

Good



# Summary of findings

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Telephone consultations were available every day with a call back appointment arranged at a time to suit the patient, for example during their lunch break.

Good



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

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

- The practice held a register of patients living in vulnerable circumstances which would include homeless people, travellers or those with a learning disability.
- They offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- They told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Telephone interpretation services were available and information on the practice website could be translated into different languages.
- The practice had worked with the CCG to commission health trainers to work with the caravan population to address their health needs.

Good



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

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

Good



# Summary of findings

- Nationally reported data from 2014/2015 showed 85.7% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was 1.5% points above the local CCG average and 1.7% above the national average.
- Nationally reported data from 2014/2015 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 93.9%. This was 3% above the local CCG average and 5.6% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- They carried out advanced care planning for patients with dementia.
- Staff had a good understanding of how to support people with mental health needs and dementia. Staff had completed Dementia Friends Training and become 'Dementia Friends' to enable them to support patients living with dementia and their families/carers.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- They had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- There were weekly drug and alcohol specialist nurse clinics for patients requiring support and advice relating to drugs and/or alcohol use.
- The practice contributed to the introduction of an Improving Access to Psychological Therapies service for patients in the local area.

# Summary of findings

## What people who use the service say

The National GP patient survey results published in July 2015 showed the practice was performing similar to the local CCG and national averages in questions about their care and treatment and for questions about the appointment system. There were 255 survey forms distributed for South Holderness Medical Practice and 118 forms were returned, a response rate of 46.3%. This represented 0.9% of the practice's patient list.

- 64.8% found it easy to get through to this surgery by phone compared with a CCG average of 68.8% and a national average of 73%.
- 82.5% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.9% and a national average of 85.2%.
- 82.2% described the overall experience of their GP surgery as good compared with a CCG average of 87.7% and a national average of 84.8%.
- 80.7% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 82.2% and the national average of 77.5%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection.

We received eight comment cards which were very positive about the standard of care received. Patients said staff were polite and helpful and treated them with dignity and respect. Patients described the service as very good and said the staff were friendly, caring and listened to them.

We spoke with 18 patients during the inspection, including four members of the Patient Reference Group (PRG). They also confirmed that they had received good care and attention and they felt that the staff treated them with dignity and respect. There was mixed feedback regarding the appointments system. Five patients we spoke with told us it could be difficult to get an appointment. The PRG told us that same day appointments were always available with the Advanced Nurse Practitioner (ANP) and the practice was promoting the role of the ANP with patients.

We looked at the results of the practice survey and 'Family and Friends' (F&Fs) survey results and they were also very positive about the services delivered.

Feedback on the comments cards, from patients we spoke with and the F&Fs and practice surveys reflected the results of the national survey.

## Areas for improvement

### Action the service SHOULD take to improve

Importantly the provider should:

- Ensure the process for recording medication fridge temperatures is reviewed.
- Ensure appointments run on time and patients are kept informed if clinics are running late.
- Ensure the practice has a written strategy and supporting business plan which outlines their vision and plans for the future.

## Outstanding practice

We saw an area of outstanding practice.

- The practice was working with Humber NHS Foundation Trust on a project called Withernsea Forward to review the services provided at the community hospital in Withernsea and in the

surrounding area. The practice had arranged public events for people to discuss and share their ideas about what services they would like to see at the hospital and in the local area in the future to make the most of the local health facilities and services.

# South Holderness Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Inspector and included another two CQC Inspectors, a CQC Pharmacist Inspector, a GP Specialist Advisor and a Practice Manager Specialist Advisor.

## Background to South Holderness Medical Practice

South Holderness Medical Practice is located in a purpose built health centre on Queen Street in Withernsea, it is the only GP practice in the town. It is close to the town centre and local bus routes. Parking is available and there is disabled access. There are two branch sites in the nearby villages of Patrington and Roos. We visited the main site in Withernsea and the branch site at Patrington during the inspection. There is a dispensary at the Withernsea and Roos sites and these were visited by the CQC Pharmacist Inspector. The practice provides services under a General Medical Services (GMS) contract with the NHS North Yorkshire and Humber Area Team to the practice population of 12288, covering patients of all ages.

The proportion of the practice population in the 65 years and over age group is above the England average. The practice population in the under 18 age group is slightly below the England average. The practice scored three on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived.

People living in more deprived areas tend to have a greater need for health services. The overall practice deprivation score is higher than the England average, the practice is 31.1 and the England average is 23.6.

The practice has six GP partners and two salaried GPs, seven male and one female. The female GP is on maternity leave. There are three nurse practitioners, four practice nurses, a health care assistant, a practice pharmacist and a team of dispensers. There is a business manager, a practice services manager and a team of administration, reception and secretarial staff.

The practice is a training practice for GP registrars, doctors who are in their second year post graduation and a teaching practice for year five medical students. The practice is a training spoke for student nurses.

The Withernsea surgery is open 8am to 6.00pm Monday to Friday and appointments are available from 8.30am to 5.50pm Monday to Friday. The Withernsea site is open until 8pm on Tuesday and Wednesday for nurse and health care assistant appointments. There was a plan to offer GP appointments to run alongside these.

The Patrington surgery is open 8.30am 12.30pm and 3.30pm to 6.00pm Monday, Tuesday, Thursday and Friday and from 8.30am to 12.30pm on a Wednesday. The Roos surgery is open 8.00am to 1.00pm Monday and Friday and 1.00pm to 6.00pm on a Wednesday and Thursday. The practice, along with all other practices in the East Riding of Yorkshire CCG area have a contractual agreement for the Out of Hours provider to provide OOHs services from 6.00pm. This has been agreed with the NHS England area team.

# Detailed findings

The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed patients use the 111 service to contact the OOHs provider. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out an announced inspection to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

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

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

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

- Older people

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed policies, procedures and other information the practice provided before and during the inspection. We carried out an announced visit on 30 November and 1 December 2015. During our visit we:

- Spoke with a range of staff including three GPs, one advanced nurse practitioner, one practice nurse and the health care assistant. We also spoke with the business manager, the practice services manager, four reception/administration staff and the IT administrator.
- Spoke with eighteen patients, including four members of the Patient Reference Group (PRG), who used the service and talked with carers and/or family members.
- Reviewed eight comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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

# Are services safe?

## Our findings

### 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 significant events.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient was given the wrong strength medication by the dispensary due to the medicine being sourced from a different supplier. The practice implemented a more detailed procedure for the receipt and dispensing of medicines when the stock received is not identical to the one ordered.

People affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had clearly defined systems, processes and practices in place to keep people safe, 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and staff told us they had received training relevant to their role. GPs were trained to safeguarding children level three.
- There was a notice in the waiting room at the Patrington site advising patients that chaperones were available if required, however there wasn't one at the Withernsea practice. There was a chaperone notice in the consultation rooms at the two sites we visited and the business manager told us they were also displayed at

Roos site. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice 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 training. Infection control monitoring was undertaken throughout the year and an annual infection control audit was completed. Action was taken to address any improvements identified.
- The arrangements for managing medicines in the practice, including emergency drugs and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Vaccines were administered by nurses using Patient Group Directions (PGDs) and health care assistants using Patient Specific Directions (PSDs). PGDs and PSDs are written instructions which allow specified healthcare professionals to supply or administer medicines in line with legislation.
- Medicines were dispensed for patients who did not live near a pharmacy and this was appropriately managed. Standard operating procedures were in place which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice used a managed repeats process which ensured prescriptions were signed before being dispensed and there was a robust process in place to ensure that this occurred. Systems were in place as part of the managed repeats process to review changes. The practice pharmacist was involved in medication reviews including treatment requests and long-term condition reviews. They also focused on dealing with any errors

## Are services safe?

that occurred and assessing staff competencies. Staff had annual appraisals and as part of this process dispensing competency was checked by the lead dispenser or Pharmacist.

- The practice had signed up to the Dispensing Services Quality Scheme, which rewarded practices for providing high quality services to patients of their dispensary. There was a named GP who provided leadership to the dispensary team.
- The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. CDs were transferred between branches securely. Balance checks of controlled drugs had been carried out regularly, and there were appropriate arrangements in place for their destruction.
- The surgery delivered medicines to a post office for collection. Procedures were in place regarding what types of medicines could be sent to the post office and how uncollected medicines were handled. The system had been reviewed and a comprehensive risk assessment had been carried out resulting in the number of bags sent to the post office being reduced. This improved patient safety and reduced the risk from third party storage.
- We checked medicines refrigerators and found they were stored securely with access restricted to authorised staff. In the dispensaries actual fridge temperatures were recorded, however the maximum or minimum were not been recorded. In treatment rooms the actual, maximum and minimum temperatures were all recorded. The actual temperatures recorded were all within the required range and maximum and minimum temperatures were recorded as between 2 - 8 degrees. The practice was going to review the logging system to ensure all temperatures were being recorded accurately.
- We reviewed five personnel files and found that 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available and a poster with details of responsible people. The practice had a fire risk assessment in place. Fire drills had been carried out and staff had been trained.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for all the different staff groups to ensure that enough staff were on duty. Staff we spoke with told us they provided cover for sickness and holidays and locums were engaged when required. The practice was in the process of recruiting an additional nurse to increase capacity.

### Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen, with adult and children's masks.
- There was a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

## Are services safe?

- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2014/2015 showed the practice achieved 98.4% of the total number of points available, with 14.6% exception reporting. (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). Lower exception reporting rates are more positive. Data from 2014/15 showed;

- Performance for diabetes related indicators was 93%, this was 0.2% above the local CCG average and 3.8% above the national average.
- Performance for mental health related indicators was 100%, this was 4.6% above the local CCG average and 7.2% above the national average.
- 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 90.1%. This was 1% above the local CCG average and 0.3% above the national average.

- The percentage of patients with asthma, who had had an asthma review in the preceding 12 months that included an assessment of asthma control, was 70.1%. This was 6.7% below the local CCG average and 5.2% below the national average.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits completed in the last two years and some observational studies, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, in September 2014 the practice had reviewed the number of patients who had attended for cervical screening and it was 74.6% which was below the national average of 78%. The practice carried out a project and in September 2015 cervical screening uptake had increased to 77%.

### Effective staffing

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

- 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 staff meetings, one-to-one meetings, appraisals, mentoring, peer support supervision and facilitation and support for the revalidation of the GPs.

# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support, infection control 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 on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. Staff had completed MCA training and had access to MCA prompt cards in the consulting rooms, these provided guidance for staff for issues relating to the MCA.
- Staff sought patients' consent to care and treatment in line with legislation and guidance. The process for seeking consent had not been monitored through records or minor surgery audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.
- 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.

### Health promotion and prevention

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

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

The practice had a comprehensive screening programme. Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 77%, 4.8% below the national average. This was an increase from 74.6% the previous year. The practice had carried out a project during 2014/2015 to increase the uptake of cervical screening in the practice, this included;

- A poster campaign in the practice.
- Practice Health Champions (PHCs) spending time in the waiting room and talking to patients who attended the surgery for other reasons about screening. The PHCs then completed a template form to give to the nursing team so they could follow patients up. PHCs are volunteers who work in partnership with their local GP Practices to transform the health and wellbeing of the communities in which they live.
- Using the electronic notice board to promote uptake.
- The practice nurses telephoning patients who were due a smear to explain its importance and ringing patients the day before to remind them to come in for their appointment to reduce non-attendance.
- Nurses directly booking patients in to their clinics rather than receptionists.
- A pop up alert on the consultation screen so clinicians were aware to remind relevant patients to attend for screening.

# Are services effective?

(for example, treatment is effective)

- Meeting monthly until there was an improvement in the figures.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from 2014/2015 showed childhood immunisation rates for the vaccinations given were relatively high and were comparable to the CCG and national averages for children aged 12 months, two and five years. Rates for all of the immunisations were above 90%. Flu vaccination rates for the over 65s in 2014 were 66%, this was an increase from 60% in 2013. These were below the local CCG and national averages. The practice had carried out a focused campaign during 2015 to continue the increase in uptake. This included;

- A full page advertisement in the local newspaper with an additional article in the paper on a different week to maintain focus.
- An internal flu news sheet within the practice encouraging the whole team to do their bit in increasing vaccination uptake rates – prizes were awarded weekly to increase awareness and get buy in from all staff in the practice.

- To encourage opportunistic vaccination a pop up appeared on the computer at the beginning of any consultation with a target patient.
- Posters were put up in the waiting room explaining the risks of flu and the benefits of immunisation.
- In addition to Saturday clinics the practice ran a number of evening clinics.
- Staff who agreed to be vaccinated were rewarded with a pro rata days holiday as the practice wanted staff to keep well and to be able to tell patients 'I've had mine'.
- The senior partner had his flu vaccination in front of 75 people at the launch of the practices' self-help diabetes group meeting.

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 with the health champions. QOF data from 2014/2015 showed the percentage of patients aged 45 or over who had a record of blood pressure in the preceding five years was 91.2%, this was 0.3% above the local CCG average and 0.2% above the national average. 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

### Respect, dignity, compassion and empathy

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.
- The reception area was open and conversations could 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.

All of the eight patient CQC comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with 18 patients, including four members of the Patient Participation Group (PPG). They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients said staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2015 showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was similar to the CCG and national average for consultations with GPs and slightly below for nurses and the receptionists. For example:

- 89.8% said the GP gave them enough time compared to the CCG average of 89.7% and national average of 86.6%.
- 92.6% said the GP was good at listening to them compared to the CCG average of 92.2% and national average of 88.6%.

- 86.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.9% and national average of 85.1%.
- 96.6% said they had confidence and trust in the last GP they saw compared to the CCG average of 97.1% and national average of 95.2%.
- 87.1% said the nurse gave them enough time compared to the CCG average of 93.7% and national average of 91.9%.
- 90.4% said the nurse was good at listening to them compared to the CCG average of 92.6% and national average of 91%.
- 89.5% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.5% and national average of 90.4%.
- 98.1% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98.3% and national average of 97.1%.
- 81.6% said they found the receptionists at the practice helpful compared to the CCG average of 87.6% and national average of 86.6%.

We looked at the results of the practice survey and 'Family and Friends' (F&Fs) survey results for 2014. They were also very positive about the services delivered.

### 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. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The results were comparable to the local CCG and national averages for GPs and below for nurses, for example:

## Are services caring?

- 87.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.2% and national average of 86%.
- 82.8% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85.2% and national average of 81%.
- 80.1% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90.2% and national average of 89.6%.
- 80% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86.8% and national average of 84.8%.

Staff told us that translation services were available for patients who did not have English as a first language, however there was no poster displayed in the waiting area informing patients of this. Information on the practice website could be translated into different 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. The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. The practice had a carers leaflet, advised patients where they could access help and support and sign posted carers to local centres.

Staff told us that if families had suffered bereavement, the GP contacted them. This call 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 worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice worked with the CCG and the community matron to identify their patients who were at high risk of attending accident and emergency or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admissions or A&E attendances.

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

- There were longer appointments available for people with a learning disability.
- Appointments could be made on line, via the telephone and in person.
- A text messaging service was available to remind patients about their appointments.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Appointments did not always run on time and patients were not always kept informed if clinics were running late.
- There were disabled facilities and translation services available. Hearing loops were available for patients who had difficulty hearing.
- There were a number of holiday caravan sites in the area and the practice provided services to holiday makers as temporary residents. Two of the patients we spoke with at the branch site were temporary residents and told us they had been able to access care easily and quickly.
- The practice was located 18 miles from the nearest acute hospital and was working with Humber NHS Foundation Trust to review the services provided at the

community hospital in Withernsea. The practice had arranged public events for people to discuss and share their ideas about what other services they would like to see at the hospital in the future.

- Services were provided closer to patients' homes by additional clinics being hosted at the practice, for example, pain, retinal screening and joint clinics with the diabetes specialist nurse.

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with the service was similar to the local CCG and national averages. This reflected the feedback we received on the day. For example:

- 82.2% described the overall experience of their GP surgery as good compared with a CCG average of 87.7% and a national average of 84.8%.
- 80.7% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 82.2% and the national average of 77.5%.

### Access to the service

The Withernsea surgery was open 8am to 6.00pm Monday to Friday and appointments were available from 8.30am to 5.50pm Monday to Friday. The Withernsea site was open until 8pm on Tuesday and Wednesday for nurse and health care assistant appointments. There was a plan to offer GP appointments to run alongside these.

The Patrington surgery was open 8.30am 12.30pm and 3.30pm to 6.00pm Monday, Tuesday, Thursday and Friday and from 8.30am to 12.30pm on a Wednesday. The Roos surgery was open 8.00am to 1.00pm Monday and Friday and 1.00pm to 6.00pm on a Wednesday and Thursday.

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

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with how they could access care and treatment was similar to or below the local CCG and national averages. This reflected the feedback we received on the day. For example:

# Are services responsive to people's needs?

(for example, to feedback?)

- 58.6% of patients were satisfied with the practice's opening hours compared to the local CCG average of 73.2% and national average of 74.9%.
- 64.8% found it easy to get through to this surgery by phone compared with a CCG average of 68.8% and a national average of 73%.
- 62.5% of patients described their experience of making an appointment as good compared to the local CCG average of 73.4% and national average of 73.3%.
- 82.5% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.9% and a national average of 85.2%.

The practice had installed a new telephone system and most calls were now taken at the main site at Withernsea. Calls for same day appointments at all three sites were taken at Withernsea and patients requesting pre bookable appointments could ring the Patrington and Roos sites direct.

The practice had reviewed its appointment system in 2014 and in addition to appointments that could be booked up to four weeks in advance; urgent same day appointments were also available for patients that needed them. The practice had developed an 'Acute Same Day Service' to provide improved access to same day appointments for patients. These same day urgent appointments were with the Nurse Practitioner team, or if required patients would be seen by the 'Acute Team Leader' GP. The Acute Team Leader GP met with a district nurse every morning to discuss any patients that needed to be seen that day.

If all the appointments were booked, the receptionist took a patients' name and telephone number and asked a doctor or nurse to call them back to assess if there was a medical need for them to be seen the same day. There was no written guidance for staff on the new appointment system therefore some staff found it difficult to describe

how it worked. There was clear guidance on the website about the appointment system and in the practice leaflet however practice leaflets were not freely available in the waiting areas. The practice had done a survey and feedback showed patients were very satisfied with this service. Most of the patients we spoke with said they were able to get appointments when they needed them.

Following feedback from patients the practice had recently introduced late night opening for nurse and HCA appointments on Tuesday and Wednesday evenings.

## Listening and learning from concerns and complaints

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

- 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 31 complaints in the previous 12 months and these were satisfactorily handled and dealt with in a timely way. Patients were involved in the complaint investigation and the practice was open when dealing with the complaint. For example, a patient complained when their repeat medication was not available. A new system for managing repeat prescriptions was implemented so in future prescriptions would be issued one week ahead to make sure medication was available when needed.

# 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 which was displayed on their website but not in the practice waiting area. Staff were clear about what the practice vision was however not all staff aware of the mission statement.
- The practice had a strategy for the following 12 months which outlined how they would continue to deliver their vision, however this was not documented.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit and monitoring was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Actions plans for audits, significant events analysis (SEA) and complaints did not always include review dates, actions taken and who had responsibility for ensuring actions were completed.

### Leadership, openness and transparency

The partners and business manager had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners, business manager and practice services manager were visible in the practice and staff told us that they were approachable and 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. This requires any patient harmed by the provision of a healthcare service to be informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it. The partner 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 records of written correspondence and verbal communication.

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

- Staff told us that regular team meetings were held. Not all staff meetings were minuted.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. However, we received one or two comments that staff were not always comfortable raising issues.
- Staff had access to an external employee assistance programme. They could access confidential support for various areas, for example, drugs and alcohol problems, family, work, debt and stress issues.
- Staff said they felt respected, valued and supported, by the GPs and business manager. However, we received one or two comments that staff did not always feel valued. All staff were involved in discussions about how to run and develop the practice. The GPs and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

# Are services well-led?

Good 

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

- It had gathered feedback from patients through the
- Patients had provided feedback that they did not know how to access help or know what support services was already available locally in Withersea. To improve signposting into local services the practice held a Health and Well-being Week in February 2015. The event was advertised in the local paper and a total of 10 different health partners each held sessions in the Practice waiting room to promote their services.
- Feedback was provided to patients on the website, in a newsletter and in the waiting room.
- The practice had also gathered feedback from staff, generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with

colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, one nurse told us they had made suggestions for changes to the practice's flu campaign

## Continuous improvement

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

The practice was involved in the 'Productive General Practice' programme, which encouraged staff to openly review the service and determine where they could improve. Staff we spoke with discussed how this programme assisted them to constantly review and improve their practice and the overall service being provided.