

# Goodheart Surgery

## Quality Report

Bransholme Health Centre  
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Date of inspection visit: 22 March 2016

Website: <http://www.goodheartsurgerybransholme.nhs.uk> Date of publication: 25/05/2016

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?

Outstanding



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 Goodheart Surgery on 22 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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. This means providers must be open and transparent with service users about their care and treatment, including when it goes wrong.

We saw some areas of outstanding practice including:

- A palliative care coordinator was responsible for all aspects of communication and support for patients on their list. The palliative care coordinator also liaised with other agencies in the locality to arrange

# Summary of findings

supported respite care for patients and family members. Staff had attended funerals of patients that had passed away to support direct family members and their relatives.

- The practice had developed a support plan called 'caring hands'. This included sections for palliative patients and patients with learning disabilities to identify their specific needs for example; 'what's important to me', 'how best to support me' and 'what

does a good and bad day look like for me'. This allowed the practice to keep an on-going record of patient's direct and changing health care support needs.

- The practice had developed 'language cards'. These were available in different nationality formats with a patient's own nationality flag to identify them and had common health related questions for the patient to identify.

**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.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Some data showed patient outcomes were below average for the locality.
- 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 patients' needs.

Good



### Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care.
  - 90% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
  - 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.

Outstanding



# Summary of findings

- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%.
- 90% said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, staff attended patients' funeral services to support families and we saw records that the practice had developed a support plan called 'caring hands'.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Views of external stakeholders were very positive and aligned with our findings.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England area team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice worked with the CCG and the community professionals to identify their patients who were at high risk of attending accident and emergency or having an unplanned admission to hospital.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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.

Good



## Are services well-led?

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

- 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.

Good



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group (PPG).
- 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.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example end of life care.
- It was responsive to the needs of older patients, and offered home visits and rapid access appointments for those with enhanced needs. For example housebound patients were visited by the nurse and health care assistant as often as required.
- The practice had care plans in place for 4.9% of their population. This had benefited frail elderly patients who wished to remain in their own home.
- Almost a quarter of the patient list size was over the age of 65 years and contributed to the majority of patient consultation time.
- The practice had implemented care plans for dementia care patients and double appointments were allocated for a more in depth review to take place.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. Data showed the uptake of flu vaccinations for the over 65 years was above the national average.

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 generally good. However, performance for diabetes related indicators was 84.5%; this was 4.5% below the local CCG average and 4.7% below the national average. The practice had taken remedial action to improve the score by implementing a system that identified patients who required a review.
- Longer appointments and home visits were available when needed.

Good



# Summary of findings

- All these patients 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 GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Nationally reported data from 2014/2015 showed patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was 70.5%, which was 5.3% below the local CCG average and 4.8% below the national average. The practice had taken remedial action to improve the score by implementing a system that identified patients who required a review.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 88%, which was 6.2% above the local CCG average and 6.2% above the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



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

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

- 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.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had 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.
- A palliative care coordinator was responsible for all aspects of communication and support for patients on their list. The palliative care coordinator also liaised with other agencies in the locality to arrange supported respite care for patients and family members. Staff had attended funerals of patients that had passed away to support direct family members and their relatives.

Outstanding



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

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

- Nationally reported data from 2014/2015 showed 77.8% of people diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was 7.7% below the local CCG average and 6.2% below the national average. The practice had taken remedial action to improve the score by implementing a system that identified patients who required a review.
- 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 95.3%. This was 7.1% above the local CCG average and 7% 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.

Good



# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 375 survey forms were distributed and 124 were returned. This represented 2.8% of the practice's patient list. The results were in-line with local CCG and national averages, for example:

- 72% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 81% and a national average of 85%.
  - 94% said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
  - 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
  - 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.
- 70% describe their experience of making an appointment as good compared to a CCG average of 71% and a national average of 73%.
  - 65% usually wait 15 minutes or less after their appointment time to be seen compared to a CCG average of 70% and a national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received.

We spoke with 13 patients during the inspection including three members of the patient participation group (PPG). All 13 patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients said staff were polite and helpful and treated them with dignity and respect. Patients described the service as excellent and very good and said the staff were friendly, caring and listened to them.

## Outstanding practice

- A palliative care coordinator was responsible for all aspects of communication and support for patients on their list. The palliative care coordinator also liaised with other agencies in the locality to arrange supported respite care for patients and family members. Staff had attended funerals of patients that had passed away to support direct family members and their relatives.
- The practice had developed a support plan called 'caring hands'. This included sections for palliative patients and patients with learning disabilities to identify their specific needs for example; 'what's important to me', 'how best to support me' and 'what does a good and bad day look like for me'. This allowed the practice to keep an on-going record of patient's direct and changing health care support needs.
- The practice had developed 'language cards'. These were available in different nationality formats with a patient's own nationality flag to identify them and had common health related questions for the patient to identify.

# Goodheart Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager and an expert by experience.

## Background to Goodheart Surgery

Goodheart Surgery is situated in the north of the City of Hull and provides services under a General Medical Services (GMS) contract with NHS England, Hull area team to the practice population of 4444, covering patients of all ages.

The practice has two full time GP partners who are male. There is one practice nurse and one health care assistant. There is a practice manager, an assistant practice manager, a senior care coordinator and a team of secretarial, administration and reception staff.

The practice is open between 8am to 6.30pm Monday to Friday. Appointments are from 9am to 6pm daily. Extended appointments are available till 7.45pm Wednesday and Thursday. The practice, along with all other practices in the Hull CCG area have a contractual agreement for NHS 111 service to provide Out of Hours (OOHs) services from 6.30pm. This has been agreed with the NHS England area team.

The proportion of the practice population in the 9-24 years age group is significantly higher than the England average. The practice population in the 30-39 years age group is lower than the England average. The practice scored one on the deprivation measurement scale, the deprivation

scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have greater need for health services. The overall practice deprivation score is higher than the England average, the practice is 49.1 and the England average is 21.8. The practice provides care for over 50% of its patient list that is in an area of Hull that is the first most deprived. It is also in the fifth most deprived area of England.

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 March 2016.

During our visit we:

- Spoke with a range of staff including two GPs, one practice nurse and one health care assistant. We also spoke with the practice manager, a senior care coordinator and three receptionists.
- Spoke with 13 patients who used the service including three PPG members and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- 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, concerns were raised over delay in a patient going to hospital. The practice included the incident as part of their regular meeting and discussed action taken and lessons learned.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures were accessible to all staff. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- Information telling patients that they could ask for a chaperone was visible in the reception area. Nursing staff acted as chaperones and understood their responsibilities, including where to stand to be able to observe the examination. Nursing staff had received a disclosure and barring check (DBS). (DBS checks identify

whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The 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 we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice 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. Blank prescription pads were securely stored and there were systems in place to monitor their use.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

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

## Are services safe?

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 staffing groups to ensure that enough staff were on duty. Staff we spoke with told us they provided cover for sickness and holidays and further locums were engaged when required.

### **Arrangements to deal with emergencies and major incidents**

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were 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.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected from the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Results from 2014/2015 showed the practice achieved 97% of the total number of points available, with 5.5% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 84.5% which was 4.5% below the local CCG average and 4.7% below the national average. The practice had taken remedial action to improve the score by implementing a system that identified patients who required a review.
- Performance for mental health related indicators was 95.3% which was 7.1% above the CCG average and 7% 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 91.7%. This was 1.5% above the local CCG average and 1.9% above the national average.
- The percentage of patients with asthma who had had an asthma review in the preceding 12 months was 70.5%,

which was 5.3% below the local CCG average and 4.8% below the national average. The practice had taken remedial action to improve the score by implementing a system that identified patients who required a review.

Clinical audits demonstrated quality improvement.

- We saw records that there had been 15 audits completed in the last two years, of which 11 were clinical audits. Seven clinical audits had been completed and four were in progress. The seven completed audits were completed audits where the improvements were shared with the practice team and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Clinical audit findings were used by the practice to improve services. For example, recent action taken as a result of an audit of medication which led to improved coding of records and revised medication prescribed to patients which improved their condition.

### 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 and contracted locums that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: Safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when people were referred to other services.

Staff worked together, and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

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

- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol and substance misuse cessation and those with mental health problems. Patients were then signposted to the relevant service.
- A dietician was available by appointment and smoking cessation advice was available from a local support group.

The practice had a comprehensive screening programme. QOF data from 2014/2015 showed the practice's uptake for the cervical screening programme was 88%, which was 6.2% above the local CCG average and 6.2% above the national average. There was also a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 100% and five year olds from 93% to 100%.

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. QOF data from 2014/2015 showed the percentage of patients aged 45 or over who had a record of blood pressure testing in the preceding five years was 94.2%. This was 2.4% above the local CCG average and 3.2% 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

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We spoke with 13 patients and they told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Staff responded compassionately when they needed help and provided support when required. Patients also said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients also completed CQC comment cards to tell us what they thought about the practice. All the comments were positive about the care patients experienced. Staff were described as compassionate, kind, excellent, caring, understanding, friendly and sensitive.

Results from the national GP patient survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was above the CCG and national average for consultations with health professionals. For example:

- 90% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 89% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.

- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 95% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 94% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%.
- 90% patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

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

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The results were generally above with local CCG and national averages, for example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.
- 93% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.



## Are services caring?

- 89% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language and internet translation services were available on the practice website. We saw notices in the reception areas informing patients this service was available. We also saw that the practice had developed 'language cards'. These were available in different nationality formats with a patient's own nationality flag to identify them and had common health related questions for the patient to easily identify their health care requests. This demonstrated that the practice took into consideration patient's ethnic and cultural origins.

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

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

The practice had a carer's register in place. The practice had identified 2.2% of its patient list as carers for patients aged 65 and under. Written information was available to direct carers to the various avenues of support available to them. A senior care coordinator was responsible for all the

aspects of communication and support for patients on their list. The care coordinator also liaised regularly with other agencies in the locality to arrange supported respite care for patients and family members.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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.

We were provided with examples that demonstrated staff actively tried to improve outcomes for patients. They demonstrated they were acutely aware of their population and consciously supported patient's emotional and social needs. Examples of how the practice supported patients included; the practice identified a member of staff to lead on palliative care and support for patients that needed a direct link into the practice. A palliative care coordinator was responsible for all aspects of communication and support for patients on their list. The palliative care coordinator also liaised regularly with other agencies in the locality to arrange supported respite care for patients and family members. Regular monthly meetings took place to discuss patient care needs and included staff from the local hospice where some patients were situated.

We saw records that the practice had developed a support plan called 'caring hands'. This included sections for palliative patients and patients with learning disabilities to identify their specific needs for example; 'what's important to me', 'how best to support me' and 'what does a good and bad day look like for me'. This allowed the practice to keep an on-going record of patients direct and changing health care support needs. They recognised they were as important as patient's physical needs. The examples demonstrated staff had taken into account patients emotional and social needs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England area team and the CCG to secure improvements to services where these were identified. For example, the practice worked with the CCG and community professionals to identify their patients who were at high risk of attending accident and emergency or having an unplanned admission to hospital. We looked at records that showed a reduction in referrals to acute secondary care services. For example, during 2014/15 the practice showed 66 per 1000 patients registered were admitted to non-elective acute services. During 2015/16 this was reduced to 59 patients per 1000 patients.

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

- The practice offered specific alcohol and smoking cessation counselling for patients.
- There were longer appointments available for people with a learning disability.
- Appointments could be made online, via the telephone and in person.
- 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.
- There were disabled facilities and translation services available.

### Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were from 9am to 6pm daily.

Extended appointments were available till 7.45pm on Wednesday and Thursday. The practice, along with all other practices in the Hull CCG area had a contractual agreement for NHS 111 service to provide Out of Hours (OOHs) services from 6.30pm. This had been agreed with the NHS England area team.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 70% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 70% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

### Listening and learning from concerns and complaints

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

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

The practice had received one formal complaint in the last 12 months and this was satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# 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 in the practice leaflet and available in the waiting area and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

### Governance arrangements

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

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

### Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on

communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment.

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

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

- Staff told us the practice held regular team meetings. However, these were informal meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients
- The practice had gathered feedback from staff through staff meetings, appraisals and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### 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 part of local pilot schemes to improve outcomes for patients in the area.