

Southcoates Medical Centre

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 Southcoates Medical Centre on 4 May 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

A deep clean of all carpeted areas within the premise should take place.

Continue to carry out the necessary renovations/ refurbishments as necessary and in line with their strategy.

Action should continue to be taken to develop a patient participation group (PPG).

Summary of findings

A number of policies and procedures should be reviewed and updated.

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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had good arrangements to respond to emergencies and major incidents.

However we found there was the need for continual improvement to the premise and a number of carpets needed a deep clean.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, due to the increase in patients whose first languages were Polish or Romanian, practice staff had accessed specific information leaflets in their languages.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a GP, nurse or health care assistant and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Good



Summary of findings

- The provider was aware of the requirements of the duty of candour. In the three examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas with protected learning time.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



People with long term conditions

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

- The practice nurse and GPs had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 90%, which was higher than the local and national averages.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 80% which was comparable to the local and national averages.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Good



Summary of findings

- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Practice staff had developed a robust recall system for patient, this included the initial letter to the patient followed by a text message.
- The practice offered a 'telehealth' service. This enabled the practice to have health monitoring of patients via their mobile phones.
- Due to the high prevalence of patient with long term conditions who continued to smoke the practice had introduced the provision of a specialised stop smoking advisor.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were high for all standard childhood immunisations. 100% of pre-school children had received their booster vaccinations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had a named health visitor who visited the practice at least weekly. This ensured that communication and concerns for children were shared and actioned as necessary.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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).

Good



Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had implemented eConsult (an electronic consulting service) to support healthcare. This provided a facility whereby patients were able to consult online with their own GP with a response no later than the end of the next working day.

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 including those with a learning disability or dementia.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

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).

- The practice carried out advance care planning for patients living with dementia.
- Patients at risk of dementia were identified and offered an assessment and ad hoc screening had been introduced.

Good



Summary of findings

- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months, was 90% which was comparable to the local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients 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 July 2016. The results showed the practice was performing in line with local and national averages. 252 survey forms were distributed and 117 were returned. This represented 4% of the practice's patient list.

- 90% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 87% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 50 comment cards which were all positive about the standard of care received. We also distributed patient questionnaires on the day of the inspection. We received nine completed patient questionnaires. Patient said that it was a welcoming practice with polite and respectful staff, that they could get appointments when needed and that staff are always helpful.

The Friends and Family Test (FFT) results from January to March 2017 showed of the 29 responses, 13 patients were extremely likely to recommend the practice and 11 patients were likely to.

Areas for improvement

Action the service SHOULD take to improve

A deep clean of all carpeted areas within the premise should take place.

Continue to carry out the necessary renovations/ refurbishments as necessary and in line with their strategy.

Action should continue to be taken to develop a patient participation group (PPG).

A number of policies and procedures should be reviewed and updated.

Southcoates Medical Centre

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 adviser and a second CQC inspector.

Background to Southcoates Medical Centre

Southcoates Medical Centre (City Health Practice Ltd), 225 New Bridge Road, Hull, North Humberside, HU9 2LR is located in the City of Hull. The premise is owned by City Venture (an estates management company) and a lease agreement is in place. The premises is a two storey premise, however patients only have access to the ground floor. There is small free car park to the rear of the practice and plenty of on-road parking.

CHP Ltd is a new company incorporating Southcoates Medical Centre and Marfleet Lane Surgery. CHP Ltd has a Service Level Agreement with CHCP CIC a large local community partnership to provide assistance with corporate back office and organisational functions to support the new company.

The practice provides services under a General Medical Services (GMS) contract providing services to the practice population of 3,000 covering patients of all ages.

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 a greater need for health services.

The practice has one male GP and one female part time GP. There is one female practice nurse and one female health care assistant. There is a practice manager and a small team of administration and reception staff.

The practice is open 8 am - 6.30 pm Monday to Friday. Access to appointments with a GP are available Monday, Tuesday, Wednesday and Friday all day and Thursday mornings. In addition extended access is provided on Tuesday evenings till 7.30 pm. Arrangements are in place for medical cover with its sister practice Marfleet Lane Surgery on Thursday afternoon.

When the practice is closed patients are advised to contact the Out of Hours service (111) provided by City Health Care Partnership CIC.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as Hull's Clinical Commissioning Group to share what they knew. We carried out an announced visit on 4 May 2015. During our visit we:

Detailed findings

- Spoke with a range of staff including one GP, the practice nurse, the health care assistant, practice manager and administration staff. We also spoke with members of CHP Ltd management team.
- Observed how patients were being cared for in the reception area.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed patient questionnaires.
- Reviewed non-clinical staff questionnaires.
- Looked at information the practice used to deliver care and treatment plans.

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 were provided for specific groups of people and what good care looked 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 living 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 a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of nine documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out thorough analysis of significant events, this enabled themes and trends to be identified. We were also informed that the larger organisation City Health Care Partnership CIC had robust systems in place for reviewing and monitoring significant events, complaints and safety alerts. They had monthly business and safety meetings and had a safety and quality team. We saw evidence of how this fed down to the practice. One example was action taken as a result of a recent Medicines & Healthcare products Regulatory Agency (MHRA) alert in respect of phenytoin (epileptic medication). This information was disseminated to the practice on 23 April 2017 and there was evidence to show it was actioned by 29 April 2017.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a check was undertaken in respect of repeat prescriptions it was noted that a patient had not collected their prescription which had been ready for three months. The practice reviewed process for

monitoring the collection of prescriptions. The prescription box was to be checked monthly and a key member of staff identified to contact patients if required. Audit had also been put into place.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies 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.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. All administration staff were trained to level two. The practice nurse and health care assistant were also trained to level two, however arrangements had been made for them to update to level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice mainly maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be in the main clean and tidy. There were cleaning schedules and monitoring systems in place. We did however see that the corridor and reception area carpets were extremely stained. Following discussion at feedback it was agreed that arrangements would be made to have the carpets deep cleaned. We received confirmation that this had been booked following the inspection.
- The infection prevention and control (IPC) clinical lead was a member of the nursing team from the corporate organisation City Health Care Partnership CIC. There was

Are services safe?

an IPC protocol and staff had received up to date training. An IPC audit was undertaken and we saw evidence that action was taken to address any improvements identified as a result. A number of improvements had been made to the premise from an IPC perspective following the acquisition of the practice. Examples included, carpets in clinical areas replaced by hard flooring, replacement washable chairs in the waiting area and wall mounted hand wash installed in all clinical areas and toilets. There were however areas that remained outstanding, for example, the replacement of hand-basins in clinical areas.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed the policies and procedures relating to the recruitment of staff, which contained the required process for safe and effective staff recruitment. This included proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. The practice had a very stable workforce with little turnover of administration and nursing staff.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.

- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. This included the five year periodic hard wire electrical installation test.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A legionella audit had also been conducted following the acquisition of the practice, which resulted in a number of recommendations being made. An action plan had been developed and there was evidence that action had been taken and completed.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We were informed that the organisation used a standard staffing formula along with a workload formula to monitor staffing levels and skill mix. At the time of the inspection changes were being made to GP cover as one GP was leaving and another was underway with their induction prior to commencing at the practice. There was also an action plan in place in the practice with regards to staffing which detailed they were in the process of recruiting a GP and a Nurse Practitioner. An aspect of the organisations strategy was to implement more widely staff cross-working across practices.

Arrangements to deal with emergencies and major incidents

The practice had good arrangements to respond to emergencies and major incidents. During the inspection a medical emergency occurred and this was dealt with very efficiently and with care, respect and kindness shown to the patient.

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

Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had oxygen on the premise 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 stored securely.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had a sister practice who was also able to access records should they have been needed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 patients' needs. We saw evidence to demonstrate that this guidance was disseminated to the practice with action taken as required.
- 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 were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and national average of 95%.

There was a 8% exception rate to this figure. This was lower than the CCG average by 5% and England average by 1%. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 - 2016 showed:

- Performance for diabetes related indicators was higher than the CCG and national averages. For example, the percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification was 95%, which was 8% higher than the CCG average and 7% higher than the national average.
- Performance for mental health related indicators was higher than the CCG and national averages. For example, the percentage of patients on lithium therapy with a

record of lithium levels in the therapeutic range in the preceding 4 months was 100%, which was 11% higher than the CCG average and 10% higher than the national average.

- There was evidence of quality improvement including clinical audit. There had been two clinical audits commenced since the acquisition of the practice last year. These were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a cardiovascular audit had been completed in April 2016 and followed up in March 2017. The focus of the audit was in relation to the use of lifestyle modification in reducing cardiovascular risk and looking at risk factors, such as smoking. 12 patients had been identified as high risk. All 12 patients had an appointment with the practice nurse and the lifestyle clinic and a number of interventions commenced, such as the use of cholesterol lowering medication and attendance at the 'stop smoking clinic'. At re-audit stage, improvements were seen, these included five of the patients saw a reduction in their cholesterol and one patient had stopped smoking.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. This was a four day induction which staff completed prior to working at the practice.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, safeguarding and fire safety.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes

Are services effective?

(for example, treatment is effective)

to the immunisation programmes, for example by access to on line resources and discussion at practice meetings as well as through the practice nurse meetings.

- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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 investigation and test results.
- We found the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professional. Examples included, a bi-monthly Gold Standard Framework (palliative care)/multidisciplinary meeting. Care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation.
- As a result of their being a high prevalence of patients who smoked, funding was obtained and the practice had the provision of a specialist stop smoking advisor once a week. At the time of the inspection, 24 patients had registered, 15 of who had set a 'quit' date and 11 had remained non-smoking at the four week stage.

The practice's uptake for the cervical screening programme was 90%, which was above the CCG average of 81% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above to CCG/national averages. For example, 100% of pre-school children had received their booster vaccinations.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There

Are services effective? (for example, treatment is effective)

were failsafe systems 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.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for 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

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

We received 50 patient Care Quality Commission comment cards and with the exception of four, all were 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 received nine patient questionnaires which had been distributed and completed on the day of the inspection. Patients commented that they were always listened to, that staff are always polite and helpful and there was a high level of satisfaction with their care and treatment.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average in a number of areas for its satisfaction scores on consultations with GPs and nurses. For example:

- 76% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 98% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 99% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

We asked staff what they thought the practice did well and we were told it was the holistic and individualised care provided to patients. They also told us that as a small practice their knowledge of their patient population was very good and staff could easily identify if there was something wrong with a patient, whether in or out of the practice. An example included a patient going to reception, the staff recognized that something was not right with them and arranged for them to see the GP.

Care planning and involvement in decisions about care and treatment

Patients through the comment cards and questionnaires told us 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.

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. Results were mixed compared with local and national averages. For example:

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

Are services caring?

- 99% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 65 patients as carers (2% of the practice list). Carers were offered an annual health check along with the flu vaccine. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support, for example flexible appointments at a time convenient to them. Included in the review recall letter was a carers assessment questionnaire for the carer to complete and to bring to their review. This identified if any additional support was needed.

Staff told us that if families had experienced 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Tuesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. An example included combined appointments for patients with co-morbidities, which reduced the need for more than one appointment.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- The practice had implemented eConsult (an electronic consulting service) to support healthcare. This provided a facility whereby patients were able to consult online with their own GP with a response no later than the end of the next working day.

The practice had also introduced 'Telehealth' (the remote monitoring of patients with long term conditions such as

COPD, chronic heart failure or diabetes). The practice had identified patients as having increased risk of exacerbations of their condition and therefore at higher risk of hospital admission. Patients were provided with the relevant equipment, such as blood pressure monitor, peak flow meter, thermometer or scales. An audit was conducted in April 2016 where 11 patients were identified as being in the increased risk group. A further audit of March 2017 showed that as a result of early interventions, such as, rescue medication (antibiotics and steroid); changes to medication (when weight gain was identified) and referrals to the heart failure specialist nurse that none of the patient had been admitted to hospital during this period as a result of their long term condition.

The practice premises was not as accessible to patients as it should be. For example, there were no external or internal automatic doors. We were however satisfied in the short term that there were contingencies in place for patients to access the premises. An example included patients being greeted and escorted by clinical staff for their appointments.

Access to the service

Southcoates Medical Practice was open between 8 am and 6.30 pm Monday, Tuesday, Wednesday and Friday and had extended hours till 7.30 pm on Tuesdays. Appointments were available between 9 am to 11.30 am Monday to Friday, 3.45 pm to 6pm Mondays, Wednesdays and Fridays and 3.45 pm to 7.30 pm on Tuesdays. The practice was closed on Thursday afternoons, arrangements were in place for Marfleet Surgery (sister practice) to be available to patients on during this time.

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

- 85% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 87% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 88% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 80% and the national average of 85%.

Are services responsive to people's needs?

(for example, to feedback?)

- 96% of patients said their last appointment was convenient compared with the CCG average of 92% and the national average of 92%.
- 87% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 73% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 63% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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.
- We saw that information was available to help patients understand the complaints system. There was a notice in the waiting area, a practice leaflet detailing complaints information and also on the practice's website.

We looked at three complaints received in the last 12 months and found they were handled, dealt with in a timely way, and with openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken 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 stated ethos and staff knew and understood the values. They aimed to deliver high quality primary health care to all of their patients, whilst not losing sight of the importance of the traditions of good family medicines.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. Examples including the plans for the future refurbishment of the premises as well as co-working with a sister practice.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. We reviewed a number of policies and procedures and saw that there was the need to review and update, such as the chaperone policy and health and safety policy.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the management team were approachable and always took the time to listen to all members of staff.

We saw there was commitment to the cohesion and wellbeing of the staff team. Examples were shared during the inspection; this included how adjustments were made to staffs working patterns where necessary such as, flexible start and finish. Staff were also provided with a Christmas lunch and a half day leave for Christmas shopping. All of the staff we spoke with or whose comments we received were positive about working in the practice and about the good teamwork.

The provider was aware of and had systems to ensure compliance 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 management team encouraged a culture of openness and honesty. From the sample of three documented examples we reviewed we found that the practice had systems 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.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients.
- Staff told us the practice held regular team meetings. We saw evidence of this from reviewing meeting minutes. Meetings had a clear agenda with items such as significant events and complaints being as standing item.

Are services well-led?

Good 

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

- 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 and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- 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 and staff. It proactively sought feedback from:

The practice did not have an established patient participation group (PPG) despite trying to develop one for some time. The actions they had taken to promote this included, information about the PPG being in the practice newsletter, notices in the waiting area, inclusion in the practice website and attendance at a communication session run by Hull CCG at looking at ways to set up a PPG. They were looking at other ways to develop this patient group, this included, a receptionist being deployed in the waiting room one morning a week to talk to and inform patients. A computer generated random selection of 50 patients being undertaken and written invitations sent. Despite not having a PPG there was clear evidence that they listened to and responded to the views of their patients and to action from comments in their patient surveys. An example was that comments were made about

there being no toys in the waiting room. As a result, washable wall mounted toys were purchased and installed. On the day of the inspection we observed children playing with them.

- 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. Plans were underway to introduce an annual staff survey which the management team were hoping to run in the coming summer months.

Continuous improvement

There was a 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.

Southcoates Medical Centre was acquired by CHP Ltd last year and formally registered with CQC in November 2016. The purpose of this acquisition was to support smaller practices, enabling CHP Ltd to work at scale, which enabled an integration of services. This gave patients a wider range of services with improved access for them. We saw during the inspection that steps had been taken to achieve a number of objectives from CHP Ltd strategic plan, for example, cross-site working had commenced and improvements had been made to the premises at Southcoates Medical Centre. There was strong evidence to demonstrate a clear commitment from CHP Ltd for the continual development and improvement of the service and acknowledgement of further bedding in of systems and processes.