

Halifax Road Surgery

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 Halifax Road Surgery on 3 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 and were encouraged to develop their role.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the availability of appointments.

- Feedback from patients about their care was consistently and strongly positive.
- 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.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

The nurses developed practice specific care plans for patients and used evidence based templates to record

Summary of findings

reviews. For example, diabetic patients attended an initial appointment with the healthcare assistant for height, weight, blood pressure, lifestyle discussion, foot and memory assessments which were recorded on the template. All results were sent to the patients on an individual care plan with goals to be considered before the second appointment with their named practice nurse.

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. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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 in place to keep patients safe and safeguarded from abuse. All GPs and nurses were trained to Safeguarding level three.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. For example, the nurses had created bespoke templates to undertake patient reviews from NICE guidance.
- The nurses had lead roles in the management of patients with long term conditions.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group (CCG). Ninety two per cent of patients with hypertension had a blood pressure reading in the preceding 12 months which was within the normal parameters, compared to the CCG average of 85% and the national average of 84%.

Good



Summary of findings

- The practice used proactive methods to improve patient outcomes and worked with other local providers to share best practice.
- Clinical audits were undertaken by clinical and administrative staff and these demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff had received additional training to expand their roles and mentor others.
- There was evidence of personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Data showed that uptake rates for flu vaccinations and screening were better than CCG and national averages.

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 almost all aspects of care. For example, 93% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- Feedback from patients about their care and treatment was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed a strong patient-centred culture.
- Patients receiving treatment for long term conditions had a named nurse.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- In response to the closure of a nearby GP practice, Halifax Road Surgery was able to accommodate 350 new patients onto their list.

Good



Summary of findings

- Patients 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 offered extended hours which included appointments with GPs, nurses, healthcare assistants and the phlebotomist.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the availability of appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice introduced a practice newsletter and communicated effectively with patients, particularly during significant staff changes.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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.
- 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.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- 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.

Good



Summary of findings

- 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 and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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 was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Annual health checks were offered to patients aged over 75.
- The practice nurses carried out annual reviews of patients in their own home where patients were housebound.
- Uptake for national screening programmes was high. For example, 62% of patients aged 60 to 69 were screened for bowel cancer in the preceding 30 months compared to the national averages of 58%.
- Flu vaccination rates for the over 65s were 80%, and at risk groups 60%. These were above the CCG and national averages of 73% and 53% respectively.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice nurse prescribers managed the care of patients with long term conditions.
- The healthcare assistant was undertaking a diploma in diabetic care and worked closely with the nurses to undertake patient reviews and care planning.
- Performance for diabetes related indicators was better than the CCG and national average. Ninety one per cent of patients with diabetes, on the register, had a record of a foot examination and risk classification within the preceding 12 months (with 1% exception reporting) compared with the CCG average of 89% (6% exception reporting) and the national average of 88% (8% exception reporting).
- The practice created bespoke, evidence based templates and personalised care plans for patients with long term conditions.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a named nurse.

Good



Summary of findings

- All patients had 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 and nurse worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- All test results, hospital and discharge letters were reviewed jointly by the clinical team after morning surgery daily.
- They provided in-house electrocardiograms (ECG) and Prostag injections (for patients who have prostate cancer).
- Chronic Obstructive Pulmonary Disease screening was undertaken and 95% of patients diagnosed on or after 1 April 2011) had their diagnosis confirmed by post bronchodilator spirometry compared to the CCG average of 92% and the national average of 90%.
- They offered flexible appointment times including early mornings and evenings for review appointments.
- There was effective monitoring of patients with long term conditions and staff liaised with other healthcare professionals where deterioration of conditions were identified.

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.
- Performance for asthma related indicators was better than the CCG and national averages. 83% of patients with asthma, on the register, had an asthma review in the preceding 12 months that included an assessment of asthma control compared to the CCG average of 79% and the national average of 75%.
- 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.
- The practice's uptake for the cervical screening programme was 86%, which was better than the national average of 82%.
- The practice provided sexual health services and contraceptive implant fitting.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice could evidence positive examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered a 'Commuter's Clinic' on Monday and Wednesday mornings from 7.30am and on Wednesday evenings until 7.30pm for working patients who could not attend during normal opening hours.
- Extended hours appointments were available with GPs, nurses, the healthcare assistant and phlebotomist and included appointments for 24 hour blood pressure monitoring, spirometry and ECGs.
- 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 hosted a Kirklees Council funded Better Health at Work service one day a week. The service provided advice and support for people experiencing work related health or stress concerns.
- The practice used text messages to confirm and remind patients of their appointments.
- Data from the National GP survey showed that patients were happy with the practice's opening hours. 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.
- The practice identified patients who were also carers. The team worked with a local carer's organisation and provided a carer's noticeboard to highlight local support organisations.
- The practice supported the local Kirklees Council Safe Space scheme and was designated as a safe place. A safe place is somewhere a vulnerable person aged over 16 can go if they feel lost or need help.

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).

- 69% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was below the national average of 84%
- Performance for mental health related indicators was similar to the CCG and national averages. Eighty eight percent of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months compared to the CCG and national averages of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Patients on long term benzodiazepines were referred to the Kirklees Clarity Project which aims to reduce the overall prescribing of this medication (benzodiazepines are medicines used to treat both anxiety and sleeping problems).
- The practice 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 received Dementia Friends training and had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

- The practice hosted a counselling service which patients were referred to as necessary.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in January 2016. The results showed the practice was performing significantly better than local and national averages. A total of 265 survey forms distributed and 116 were returned giving a response rate of 44%. This represented 3% of the practice's patient list.

- 81% found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 90% described the overall experience of their GP surgery as fairly good or very good (CCG average 68%, national average 73%).
- 90% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Comments included that staff were always friendly, professional and caring. One patient said the practice acted and resolved matters quickly when they experienced difficulty with hospital appointments.

We spoke with seven patients during the inspection. All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring. One patient had a child with complex needs, they told us they had received excellent care and support from the practice. Another told us they had received support from the GPs after a family bereavement.

Results from the Friends and Family Test showed that 80 out of a total of 81 responses since October 2015 were likely or extremely likely to recommend the practice to a friend or family member.

Outstanding practice

We saw one area of outstanding practice:

The nurses developed practice specific care plans for patients and used evidence based templates to record reviews. For example, diabetic patients attended an initial appointment with the healthcare assistant for height,

weight, blood pressure, lifestyle discussion, foot and memory assessments which were recorded on the template. All results were sent to the patients on an individual care plan with goals to be considered before the second appointment with their named practice nurse.

Halifax Road 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 adviser and a practice nurse specialist adviser.

Background to Halifax Road Surgery

Halifax Road Surgery is registered with the Care Quality Commission to provide primary care services for 4509 patients under a General Medical Services contract with NHS England. In addition to primary care services the practice hosted other services including an ultrascan provider and counselling services.

Patients living in this area are ranked as third on the scale of one to ten for deprivation (more deprived areas tend to have greater need for health services). Twelve per cent of patients are from a black, minority and ethnic background.

The practice is located on the ground floor of Dewsbury Primary Care Centre which is a large multi-practice health centre owned by community provider Locala. It is known locally as Calder View Surgery.

The practice is a member of North Kirklees CCG and is located centrally in Dewsbury opposite the train station and close to shops and the markets.

The practice has recently been through a period of significant change with two of the three GPs (who were partners for more than 18 years) both retiring together in September 2015.

There are three employed GPs (female), a GP who works one session per week (male), two practice nurse independent prescribers (female), a healthcare assistant (female) and an apprentice healthcare assistant (female), a phlebotomist (female) and an administrative and reception team led by a practice manager (female) who has been at the practice for over 20 years.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.50am to 10.50am every morning and 4pm to 6pm daily. Extended surgery hours are offered from 7.30am on Wednesdays and Thursday mornings and until 7.30pm on Monday evenings.

When the practice is closed services are provided by Local Care Direct and NHS 111.

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 we hold about the practice and asked other organisations to share what they knew.

During our visit we:

- Spoke with a range of staff including GPs, nurses, healthcare assistants and administrative staff and spoke with patients who used the service.
- Observed how staff interacted with patients and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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 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 a recording forms available.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of weekly meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a recent vaccine fridge failure was reported and acted upon immediately. Staff contacted the appropriate agencies and discussed the incident. Additional monitoring devices were purchased and installed without delay.

When there were unintended or unexpected safety incidents, patients 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 patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The practice had a safeguarding noticeboard and 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. In addition, up to date information about human trafficking, domestic abuse, female genital mutilation (FGM), child sexual exploitation and local safeguarding newsletters were displayed on the noticeboard in the staff room. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to Safeguarding level three.
- Notices in the waiting room and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. All members of staff had received an enhanced Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurses were the joint infection prevention and control clinical leads who liaised with the local infection prevention and control teams and attended nurse forums to keep up to date with best practice. There was an infection prevention and control protocol in place. Staff had received training and a training update was planned for June 2016. Annual infection control audits were undertaken 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. Prescription pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed two 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.

Are services safe?

- 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 patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The landlord had carried out legionella risk assessments (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had appropriate arrangements in place to respond to 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 annual basic life support training and there were emergency medicines available in the reception area.
- 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. The practice had assessed and discussed which emergency medicines were appropriate to include in the kit. All the medicines we checked were in date and fit for use and we noted that the emergency medicines were well organised and included up to date guidelines for dosages for administering.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers, and the landlord contact details, 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 GPs and nurses attended CCG clinical meetings and nurse forums on a monthly basis and we saw evidence that NICE guidance was discussed in weekly clinical meetings in the practice.
- 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.
- The practice nurses and healthcare assistant had created bespoke templates for carrying out annual reviews of patients with long term conditions in line with NICE guidelines.
- All test results, hospital and discharge letters were discussed and reviewed collectively by the GP and nurse team at the end of morning surgery.
- They promoted and demonstrated the benefits of patients using the patient pod to monitor their health. The pod was located in a private room where patients could measure their blood pressure, weight and pulse. A patient told us that they had recently used the facility and found it useful, as a practice nurse had contacted them the following day in response to a high blood pressure reading.

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 94% of the total number of points available, with 5% exception reporting which was better than the CCG and national averages of 9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are

unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2014/15 showed;

- The practice nurses led the care for diabetic patients including the initiation and management of insulin. The healthcare assistant was undertaking a diploma in diabetic care and worked closely with the nurses to undertake patient reviews and care planning. Performance for diabetes related indicators was better than the CCG and national average. Ninety one per cent of patients with diabetes, on the register, had a record of a foot examination and risk classification within the preceding 12 months (with 1% exception reporting) compared with the CCG average of 89% (6% exception reporting) and the national average of 88% (8% exception reporting).
- Sixteen percent of the practice's patient list had hypertension. Ninety five per cent of patients aged 45 or over had a record of blood pressure in the preceding 5 years compared with the CCG average of 93% and the national average of 91%. Ninety two per cent of patients with hypertension had a last blood pressure reading (measured in the preceding 12 months) in the normal range of 150/90 mmHg or less (with 2% exception reporting) compared to the CCG average of 85% (4% exception reporting) and the national average of 84% (4% exception reporting)
- Performance for mental health related indicators was similar to the CCG and national average. Eighty eight percent of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months (with 4% exception reporting) compared to the CCG and national averages of 88% (exception reporting 11% and 13% respectively).
- Six percent of the practice's patient list had asthma. Eighty three percent of patients with asthma, on the register, had an asthma review in the preceding 12 months that included an assessment of asthma control (with 2% exception reporting) compared to the CCG average of 79% (8% exception rating) and the national average of 75% (8% exception reporting).
- The healthcare assistant had received extensive additional training including spirometry. Ninety five percent of patients with COPD (diagnosed on or after 1

Are services effective?

(for example, treatment is effective)

April 2011) had their diagnosis confirmed by post bronchodilator spirometry between 3 months before and 12 months after entering on to the register (with 5% exception reporting) compared to the CCG average of 92% (9% exception reporting) and the national average of 90% (10% exception reporting).

The practice nurses managed the ongoing care of patients with chronic diseases and all these patients had a named nurse. Annual reviews were supported by the healthcare assistant who had received additional training in diabetes care planning, spirometry, asthma and chronic obstructive pulmonary disease (COPD). The nurses had developed practice specific care plans for patients and templates to record reviews. For example, diabetic patients attended an initial appointment with the healthcare assistant for height, weight, blood pressure, lifestyle discussion, foot and memory assessments which were recorded on the template. All results were sent to the patients on an individual care plan with goals to be considered before the second appointment with their named practice nurse.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits for diabetes and hypertension completed in the last two years. GPs and the practice nurses participated in the audits and both were completed audits where the improvements made were implemented and monitored. In addition an administrative member of staff had undertaken a review to ensure patients taking methotrexate medication were recalled for their annual medication review (methotrexate is a medicine used to treat rheumatoid arthritis).
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice participated in the CCG capacity and demand audit.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improving letters to invite patients for their sugar tests.

Clinical audits were discussed at practice meetings. Information about patients' outcomes was used to make improvements such as ensuring all clinical staff were familiar with blood pressure targets and the provision of a reminder table.

Effective staffing

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

- The practice had an induction programme and checklist for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had not had individual appraisals within the last 12 months as the practice had been through a significant period of change. The practice manager provided assurance that appraisals were planned and staff told us that they felt well supported and could discuss their position and progress at any time with the GPs and practice manager.
- Staff training was regularly reviewed and staff told us they were encouraged to identify where additional training would benefit the service and patients. A receptionist had been encouraged and supported to undertake training in phlebotomy and the healthcare assistant had received additional training to participate effectively in patient reviews. An additional apprentice healthcare assistant had recently been employed by the practice and one of the nurses was being supported to complete a nurse mentorship course.
- 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.

Are services effective?

(for example, treatment is effective)

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- They worked with the community matron who visited patients in their own home.

Staff worked together and with other health and social care services 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. For example, we saw that the practice had a system to ensure information was made available to the 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 and documented 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 records audits and record checks.

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 and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice nurses had received smoking cessation training and offered an in-house service. Seventy seven percent of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months.
- The practice nurses carried out brief interventions for alcohol cessation.
- The practice referred patients to a local exercise programmes.

The practice's uptake for the cervical screening programme was 86%, which was better than the national average of 82%. There was a policy to offer telephone 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 screening. Uptake for national screening programmes was high. For example 62% of patients aged 60 to 69 were screened for bowel cancer in the preceding 30 months compared to the national averages of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 95% to 99%.

Flu vaccination rates for the over 65s were 80%, and at risk groups 60%. These were above the CCG and national averages of 73% and 53% respectively.

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. 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

We observed members of staff were courteous and very helpful to patients and treated them 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; 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.
- The practice supported the local council Safe Space scheme. A safe place is somewhere a vulnerable person aged over 16 can go if they feel lost or need help.

All of the 23 patient Care Quality Commission comment cards we received 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. Some patients commented that they had been patients at the practice for many years and had always received an excellent service.

We spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

For example:

- 93% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 87%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)

- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 96% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients 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. Patient feedback on the comment cards we received was also positive and aligned with these views. Patients receiving ongoing care for long term conditions had a named nurse. They told us they valued this approach and had excellent continuity of care.

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 better than local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%)
- 90% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%)

Staff told us that translation 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 and health information leaflets were available in different languages.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Patients could be referred to a counselling service hosted

Are services caring?

by the practice one day a week. The practice also hosted a Kirklees Council funded Better Health at Work service one day a week. The service provided advice and support for people experiencing work related health or stress problems.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 31 patients as carers. The practice manager had attended a CCG carers' event in January 2016. As a result the practice were discussing ways to provide additional support to carers and an event specifically for carers was suggested. There was a

noticeboard for carers with information about local support services and helplines. Written information was also available to direct carers to the various avenues of support available to them.

When families had experienced bereavement, their usual GP contacted them or sent them a letter. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service. We saw cards and letters from patients thanking the practice for the kind words in the bereavement letter and support they had received from the practice. One patient told us how they had received support from the GPs after a family bereavement.

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice manager attended regular meetings with the CCG to discuss priorities and share good practice. The practice had taken part in a CCG led capacity and demand audit.

- The practice offered a 'Commuter's Clinic' on a Wednesday and Thursday morning from 7.30am and on Monday evenings until 7.30pm for working patients who could not attend during normal opening hours. Extended hours appointments were available with GPs, nurses, healthcare assistant and the phlebotomist.
- The practice identified a need to provide contraceptive implants. A practice nurse completed a contraceptive and sexual health diploma and provided this service in house. All patients requesting an implant attended for a counselling appointment with the nurse prior to the implant fitting.
- the practice had registered approximately 350 additional patients with high needs from a recently closed GP practice. These patients were high users of accident and emergency department and the nurses and healthcare assistant worked together to encourage attendance at review appointments and provide advice on self management of conditions.
- There were longer appointments available for patients with a learning disability.
- The practice nurses carried out annual reviews for housebound patients in their homes. Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients on long term benzodiazepines were referred to the Kirklees Clarity Project which aims to reduce the overall prescribing of this medication (benzodiazepines are medicines used to treat both anxiety and sleeping problems).
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.50am to 10.50am every morning and 4pm to 6pm daily. Extended surgery hours were offered from 7.30am on Wednesdays and Thursday mornings and until 7.30pm on Monday evenings.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them and children who were unwell were always offered a same day appointment..

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were better than local and national averages.

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 81% patients said they could get through easily to the surgery by phone (CCG average 68%, national average 73%).
- 69% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).
- People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. We saw signs displayed in the waiting area and information was included in the practice information leaflet.

We looked at five written and verbal complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and

Are services responsive to people's needs? (for example, to feedback?)

transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice created a newsletter to inform patients of news, changes and improvements made.

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. Staff knew and understood vision and the values.

- The practice had a robust strategy and supporting business plans which reflected the vision and values and 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 staff were aware of their own roles and responsibilities
- Practice specific policies were implemented, regularly reviewed and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- Clinical and internal audit was used to monitor quality and to make improvements. The practice were planning to introduce a more structured programme of clinical audits in 2016.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice 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 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 partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- The team had been through a period of significant change. Two GP partners had retired together after 18 years at the practice. The practice successfully recruited new GPs and had discussed and communicated changes clearly with patients and the PPG and involved patients in the renaming of the practice. Patient satisfaction remained high throughout the period.
- Staff told us the practice held regular team meetings. We reviewed minutes of regular team meetings and noted that discussions and actions were clearly documented.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and felt supported if they did. We noted the team socialised and were taking part in a sponsored event together for charity.
- There were high levels of staff satisfaction. 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.
- Staff members had clear responsibilities and were supported and encouraged to increase their skills and knowledge through formal education and mentoring.
- Some of the nursing staff were approaching retirement. The practice were supporting a practice nurse to complete a nurse mentoring course to train new student nurses.

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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and

Are services well-led?

Good 

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

through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, PPG members frequently attended the practice to demonstrate and encourage patient uptake of services including the patient pod, self check in and online services.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Many staff members had been employed at the practice for over ten years. They 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 to improve outcomes for patients in the area. For example, the nurses and healthcare assistant had received extensive training and led on the management of long term conditions. They created bespoke, evidence based resources for the effective management of patients with long term conditions.