

# Todmorden Group Practice

## Quality Report

Todmorden Health Centre

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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?	Requires improvement	

# 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 Todmorden Group Practice on 1 March 2016. Overall the practice is rated as good. However, we rated the practice as requiring improvement for providing well led services.

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

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

- Patients told us that access to appointments had recently improved. Telephone consultations and same day appointments were available.
- The practice had very good facilities and was well equipped to treat patients and meet their needs.
- The leadership structure was in a period of transition. Some staff expressed they did not always feel fully supported by GP partners and management. New systems were being developed to improve communication and feedback between the different staff groups
- The practice proactively sought feedback from patients and acted upon this feedback.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvements are:

- Ensure the practice has a clear direction and set of priorities.
- Ensure that there is a clear leadership structure
- Include health assessments in recruitment processes for new staff.

# Summary of findings

- Complete annual appraisals and personal development plans for all staff.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, 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.
- Risks to patients were assessed and well managed.

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 for the locality and compared to the national average.
- Patients' needs were assessed and care was planned and delivered in line with current clinical guidelines and legislation. This included assessing capacity and promoting good health.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- At the time of our visit annual appraisals had not been completed for staff. The practice manager was planning to arrange new systems for appraisal which included 360 degree feedback for all staff.
- Staff worked with multidisciplinary teams to plan care, monitor risk, and deliver appropriate treatment for those patients with more complex needs.

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 in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



# Summary of findings

- Information for patients about the services available was easy to understand and 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.

**Good**



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Calderdale Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice had signed up to the 'Altogether Better' project which engages patient volunteers in helping patients to understand their health needs and find innovative ways to improve physical and emotional health.
- Patients told us appointment access was improving as a result of several changes the practice had made to their systems. Patients told us they were able to make appointments on the day by telephoning the practice at 8am on weekdays.
- The practice had very good facilities. Several secondary care out patient clinics and other services were co-located which enabled patients to have access to a range of specialised services within the practice building
- 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 requires improvement for being well-led.

**Requires improvement**



- The practice had a mission statement and a commitment to providing the best possible care to patients.
- The practice had undergone significant staffing changes in the preceding 12 months, when three GP partners had left, a new salaried GP had been recruited, and two new nurse practitioners had joined the team. This meant the team was still in the process of aligning their vision and strategy and developing cohesion between team members.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice told us they valued staff highly and were striving to create a culture of openness and honesty. Some staff told us they felt isolated and unsupported at times.

# Summary of findings

- 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 sought feedback from staff and patients, and implemented changes when possible.
- The patient participation group was long- standing and active.
- The practice told us there was a focus on continuous learning and improvement at all levels. However staff had not received an appraisal within the preceding 12 months.

# 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.

Good



- 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. Practice nurses visited housebound patients to complete their annual over 75 year holistic health review.
- Before we visited the practice we contacted two nursing homes who had residents registered at the practice. They both told us they were very happy with the service provided to their residents.
- The practice building housed the falls prevention team which offered 12 week courses to patients identified as being at risk of falls.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 87% of patients with diabetes, on the register had a recorded blood pressure within the preceding year which was within normal limits, compared to a national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review in the month of their birthday, 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.
- Patients with diabetes were able to access foot screening and retinal eye screening on site at the practice. These services were co-ordinated to align with regular medical reviews when possible.
- The practice were participating in the 'Altogether Better' project aiming at engaging patient volunteers to support patients to understand and manage their own health and well-being.

# Summary of findings

## Families, children and young people

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

Good



- 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 accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 75% of patients with asthma, on the register had received an asthma review in the preceding 12 months which was the same as the national average.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available on the day for babies and young children.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held a monthly meeting with health visitors, school nurses and family support workers to review progress and plan future care for children and families in need of additional support.

## 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



- 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 provided a surgery pod within the waiting area where patients could measure their blood pressure, height and weight and input the data directly into their medical record.
- 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.
- 89% of eligible women had a recorded cervical screening test performed in the preceding five years compared to the national average of 82%.

## People whose circumstances may make them vulnerable

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

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with additional needs.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people.
- The practice hosted a monthly coffee morning for carers organised by the Carers' Association.
- The practice staff were able to signpost vulnerable patients to local support groups and voluntary organisations.
- Staff demonstrated they 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.

## 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).

- 91% of patients with schizophrenia or other psychoses had a comprehensive care plan documented in the preceding 12 months which was higher than the national average of 89%.
- 83% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- The practice regularly worked with multidisciplinary 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.
- Patients experiencing poor mental health were able to access psychiatrist appointments and specialised medication clinics on site at the practice.
- The practice were able to provide patients experiencing poor mental health with information on how to access various support groups and voluntary organisations.
- Counselling services were offered on site at the practice by the local mental health services .
- 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 a good understanding of how to support patients with mental health needs and dementia.

Good



## Summary of findings

- The practice had patients who were living in nursing homes which specialised in caring for older patients with mental health problems, and we received feedback before the inspection that the practice provided a high standard of care to this group of patients.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing below local and national averages on many points. There were 262 survey forms distributed and 114 were returned. This represents 44% of the surveyed population and 1% of the practice population as a whole.

- 72% of respondents described their overall experience of the practice as good compared to the CCG average of 88% and national average of 85%
- 65% of respondents said they would recommend this surgery to someone new to the area compared to the CCG average of 80% and national average of 78%
- 55% of respondents described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 88% of respondents said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.
- 95% of respondents said they had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 96% and national average of 95%.
- 99% of respondents said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG and national average of 97%.

The practice fully acknowledged the lack of patient satisfaction in relation to access to appointments. They were working with the patient participation group (PPG) and Calderdale Clinical Commissioning Group (CCG) to address these issues. GP rotas had been changed to increase availability, telephone appointments were offered and online appointment booking was encouraged. Several appointment audits had been carried out to monitor demand and availability, and data shown to us on the day indicated that capacity was beginning to meet demand for appointments. Further to this the practice was exploring alternative telephone provider arrangements to enhance patient experience in this regard.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards. All but one were very positive, describing the practice staff as 'exemplary'. The remaining card described difficulties obtaining an appointment outside normal working hours.

We spoke with four patients during the inspection, one of whom was a member of the PPG. Most of these patients said they were happy with the care they received and thought staff were friendly and professional.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure the practice has a clear direction and set of priorities.
- Ensure that there is a clear leadership structure
- Include health assessments in recruitment processes for new staff.
- Complete annual appraisals and personal development plans for all staff.

# Todmorden Group Practice

## 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 manager specialist adviser.

## Background to Todmorden Group Practice

Todmorden Group Practice is situated in Todmorden, Calderdale. It is housed in purpose built premises which are shared with another practice and a walk in centre. The patient list size is 13 480. Approximately 80% of patients are of white British origin, with the remaining 20% consisting of patients of Eastern European and South Asian origin. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England. They offer a range of enhanced services such as minor surgery, childhood immunisations and online patient access.

There are four GP partners, two of whom are male and two female. There is a salaried GP who is male, three female advanced nurse practitioners, three female practice nurses and two female health care assistants. The clinical team is supported by a practice manager and a range of reception and administrative staff.

Three GP partners had left the practice in the preceding 12 months which had proved challenging with respect to GP capacity. The practice had successfully recruited a salaried GP and two more nurse practitioners to augment the clinical team. They were also actively recruiting for an additional GP partner or salaried GP to complete the team.

The practice is a training practice, which means it provides training and support to qualified doctors wishing to specialise in general practice. At the time of our visit the practice did not have a GP registrar working in the practice.

The practice catchment area is classed as being in one of the more deprived areas in England. The age profile of the practice shows a slightly higher than average percentage of patients aged between 40 and 69.

Todmorden Group Practice is open between 8am and 6.30pm Monday to Friday. The practice has extended opening hours on Thursday between 6.45am and 8am and between 6.30pm and 8pm. These appointments are with a GP or nurse practitioner, and are pre-bookable appointments. Several clinics are held each week including respiratory and diabetic clinics. The practice also provides cryotherapy clinic according to demand. Cryotherapy uses cold temperatures to treat some skin conditions such as warts and other lesions.

The practice building hosts several additional services such as access to consultants in cardiology, rheumatology, psychiatry, gynaecology and paediatrics, as well as X-Ray and ultrasound services, podiatry, retinal eye screening and a young persons sexually transmitted disease clinic.

Out of hours cover is provided by Local Care Direct and can be accessed by calling the surgery telephone number or by calling the NHS 111 service.

Todmorden Group Practice was previously inspected by the Care Quality Commission in April 2013 for a scheduled inspection and again in June 2014 for a follow up responsive inspection. The practice has not previously received a rating.

# Detailed findings

## 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 registered 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 the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders such as NHS England and Calderdale Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided before the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF), national patient survey and NHS Friends and Family Test (FFT). In addition we contacted two local nursing homes who had residents registered at the practice.

We carried out an announced visit on 1 March 2016. During our visit we:

- Spoke with a range of staff including two GPs, two practice nurses, the practice manager and two receptionists.

- We also spoke with four patients, including a member of the PPG.
- We received five comment cards. We observed communication and interaction between staff and patients, both face to face and on the telephone. We reviewed the comment cards where patients and members of the public shared their views and experience 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 form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident when a vaccine fridge had been left open overnight, resulting in the loss of many vaccines, a new procedure was initiated where nurses signed a recorded log each evening at the end of surgery to confirm that vaccine fridges had been closed and secured.

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 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. There was a lead member of staff for safeguarding. The GPs liaised with the health visitors and school nurses to provide information for safeguarding meetings. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- A notice in examination rooms 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC 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 were appropriate (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams and Calderdale Engagement Team, to monitor and improve prescribing rates. Prescription pads were securely stored and there were systems in place to monitor their use. All of the practice nurses were nurse prescribers and were able to prescribe medicines to patients within their area of expertise. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines such as vaccinations and immunisations in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants (HCA) to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed five 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. However we saw that health questionnaires were not included in the pre-recruitment checks. The practice undertook to incorporate this into all future recruitment processes.
- There were 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

## Are services safe?

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 displayed 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 and legionella (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. No more than one GP or advanced nurse practitioner (ANP) was on leave at the same time. Staff rotas for all clinical staff were arranged six weeks in advance to ensure that cover was enough to meet patient need.

### **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 call system on the computers in all the consultation and treatment rooms and a panic button situated on the walls which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the emergency treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan had been put into place when the practice experienced flooding over the Christmas period, and had proved to be effective.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from the National Institute for Health and Care Excellence (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 and audits 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 98.4% of the total number of points available, with 12.1% 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).

Exception reporting rates noted above are extracted from nationally available data. However the practice provided data from their own clinical system which showed an overall exception reporting rate of 6% across all denominators.

Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the CCG and national averages. For example 91% of patients with diabetes on the register had a foot examination recorded in the preceding 12 months compared to the CCG average of 85% and national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 84% which was lower than the CCG and national averages of 99% and 98% respectively.

- Performance for mental health related indicators was similar to CCG and national averages. For example 91% of patients with schizophrenia or other psychoses had a comprehensive care plan documented in the preceding 12 months compared to the CCG average of 91% and national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included standardising the diagnosis and prescribing patterns for urinary tract infection (UTI).

Information about patients' outcomes was used to make improvements such as standardising the electronic record coding and treatment options for leg ulcers.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, information governance 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. The practice had recently introduced a



# Are services effective?

## (for example, treatment is effective)

clinical development meeting which was held every six to eight weeks which was intended to ensure all clinicians were appropriately supported in their role, and that clinical practice guidelines were understood and adhered to by all clinical staff. At the time of our visit staff had not received an appraisal within the preceding 12 to 18 months. The practice was planning to introduce a new approach to staff appraisal, which included 360 degree feedback for all staff

- Staff received training that included: safeguarding, fire procedures, information governance and basic life support. 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. 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.

Staff worked together and with other health and social care services to assess the needs and plan care for those people with more complex needs. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance, such as Gillick

competency. These are used in medical law to decide whether a child is able to consent to his or her own medical treatment without the need for parental knowledge or consent.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP nurse practitioner or practice nurse assessed the patient's capacity, and recorded the outcome of the assessment.
- The process for seeking consent was monitored to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Health care assistants and practice nurses were able to offer support for people requiring help to stop smoking or to deal with weight management issues.
- The practice building housed several other services which the patients were able to access, including cardiac rehabilitation services.
- The practice was participating in the 'Altogether Better' service which utilised patient volunteers to encourage people to manage their own health and well-being by engaging in community activities and education programmes.
- The practice provided a surgery pod within the waiting area where patients could measure their blood pressure, height and weight and input the data directly into their medical record. The information was monitored by health care assistants, and any patients whose blood pressure was seen to be high, or whose height and weight indicated they were overweight were contacted for further review.

The practice's uptake for the cervical screening programme was 89% which was higher than the CCG and national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

## Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 98% and five year olds from 90% to 96%.

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 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.

All but one of the 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. One person expressed difficulty getting an appointment outside working hours.

We spoke with one member of the patient participation group (PPG) who told us the standard of care provided by the practice was good and that the practice had responded to some concerns about the receptionists by providing them with customer service training which had improved the patient experience. 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 slightly lower than average for some satisfaction scores on consultations with GPs and nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 89%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)

- 81% said the last GP they spoke to was good at treating them with care and concern (CCG average 91%, national average 85%).
- 79% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 88% said they found the receptionists at the practice helpful (CCG average 87%, 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 most of the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86 %.
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 84% national average 82%)
- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG and national average 85%)

Staff told us that telephone interpreter services were available for patients who did not have English as a first language. However we spoke with one patient who was not aware this service was available. Following our visit the practice informed us that a poster advertising this service had been placed in the practice waiting area.

### 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.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. We saw cards in the waiting area advising patients about Calderdale Carer's Project which was a local support service for carers.

Staff told us that if families had experienced bereavement the practice would make contact as appropriate and signpost people on to additional support services as needed.

# 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 Calderdale Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, as the practice was built in an elevated position due to the risk of local flooding, a lift had been fitted to enable patients with mobility difficulties to access the reception area from the car park. This was in addition to a sloping ramp and stairs which also gave access to the building.

- The practice was open between 8am and 6.30pm Monday to Friday, with an earlier opening time of 6.45am and later closing time of 8pm on Thursday.
- Longer appointments were available for patients with a learning disability or those patients with more complex needs.
- Home visits were available for housebound or very sick patients.
- Same day appointments were available for children and those with serious medical conditions.
- The practice was well equipped to meet the needs of patients with mobility difficulties or those who used a wheelchair. Hearing loop and telephone interpreter services were available.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended surgery hours were offered on Thursday between 6.45am and 8am and between 6.30pm and 8pm. These extended hours were for pre-bookable appointments with a GP or nurse practitioner.. In addition pre-bookable appointments and urgent appointments were also available at other times for people that needed them.

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

- 51% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.

- 52% patients said they could get through easily to the surgery by phone (CCG average 75% national average 73%).
- 40% patients said they always or almost always see or speak to the GP they prefer ( CCG average 57% national average 59%).

The practice was working hard to address the access difficulties. They were working with the PPG and were receiving additional support from the CCG to address the issue. As part of the Commissioning Engagement Scheme they were conducting capacity and demand audits at different points in the year to help them understand patterns of demand and capacity. We were shown data during our visit which indicated that capacity was beginning to meet demand and patients we spoke with on the day confirmed that this was the case.

### Listening and learning from concerns and complaints

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

- The practice's 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, both in the practice leaflet and on a poster displayed in the waiting area.
- A comments book was also placed in the waiting area for patients to complete.

We looked at 16 complaints received in the last 12 months and found they were satisfactorily handled, an explanation given in all cases, and an apology was offered.

The practice held regular meetings to review complaints where lessons learned were disseminated to relevant staff to improve the quality of care. For example where a complaint was received that an incorrect name had been written on a prescription and sick note the GP apologised and offered to meet the complainant to discuss the matter further. As a result all GPs were reminded to carefully check patient details before completing any documentation.

# Are services well-led?

Requires improvement 

(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 mission statement which was to provide the best care possible to patients.

- Staff we spoke with told us they enjoyed working at the practice and felt that all members of the team worked hard to provide a good service, although not all staff felt supported in their role.
- The practice had undergone significant staffing changes in the preceding 12 months, when three GP partners had left, a new salaried GP had been recruited, and two new nurse practitioners had joined the team. This meant the team was still in the process of aligning their vision and strategy and developing cohesion between team members
- The practice had not developed a business development plan setting out the practice's priorities and strategic direction. We were informed this was because the more recent focus had been on recruitment of new staff.

### Governance arrangements

The practice had a governance framework which supported the delivery of good quality care.

This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were clear arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- At the time of our visit appraisals for staff had not been completed. The practice manager was planning to re-launch the appraisal process, and introduce 360 degree feedback for all staff.

### Leadership and culture

The partners in the practice had the experience and capability to run the practice. There had been challenges in relation to GP capacity due to recent staff changes and recruitment was ongoing to increase GP capacity to ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were however not always visible in the practice. It was evident that the GPs were not always accessible to staff as they were too busy. This led to a feeling of isolation for some staff members.

The management team were beginning to address these difficulties and had introduced a clinical development meeting for clinical staff. Regular team meetings for all staff were held. The practice told us they valued staff highly and had recently introduced an 'ABC' award where staff nominated each other for going 'above and beyond the call of duty' with awards given monthly, quarterly and annually with increasingly enhanced rewards.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners were striving to encourage 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 reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

The leadership structure was in a period of transition due to the recent staff changes. Some staff expressed they did not always feel fully supported by GP partners and management. New systems were being developed to improve communication and feedback between the different staff groups.

### 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 through surveys and complaints received. There was an active PPG which met regularly, carried out patient

# Are services well-led?

Requires improvement 

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

surveys and submitted proposals for improvements to the practice management team. For example it became clear that patients were not aware of the health questionnaire tool and self measuring blood pressure machine available in the waiting area. As a result clinicians were asked to signpost patients to this facility. In addition posters were placed in the waiting area and on the practice website advertising this option.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was open to becoming part of local pilot schemes to improve outcomes for patients in the area. For example they were involved in the local Clinical Engagement Scheme and were collaborating on developing a frailty pathway to develop inter-agency systems of early recognition and treatment of those patients at higher risk of hospital admission.