

Morley Health Centre Surgery

Quality Report

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Date of inspection visit: 13 October 2016

Date of publication: 23/11/2016

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

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 Morley Health Centre Surgery on 13 October 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 generally assessed and well managed. However, issues were identified during the inspection in relation to infection prevention and control which needed improvement.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients told us on the day that they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. This view was not fully supported by data from the national GP patient survey which showed mixed satisfaction in relation to consultations with GPs and nurses.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. The practice had a dedicated complaints, comments and suggestions leaflet available and had developed a Patients' Charter which highlighted services and standards that patients could expect to receive.
- Patients said they found it easy to get in contact with the practice on the telephone and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

Summary of findings

- The practice should reinstate infection prevention and control audits at regular intervals, in line with the latest guidance
- Continue to provide regular update training for the infection prevention and control lead to enable them to fully carry out their duties in this area of work.
- Review the immunity status of staff in relation to measles, mumps, rubella and chickenpox in order to assure themselves that their staff were adequately protected in line with the latest guidance.

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.

Good



- There was an effective system in place for reporting and recording significant events and these were discussed at clinical meetings as well as being subject to an annual review.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and generally well managed.
- The practice worked, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The practice had not checked the immunity status of staff in relation to measles, mumps, rubella and chickenpox.
- Infection prevention and control (IPC) audits for the practice had lapsed since the last audit which was carried out in 2013. Since our inspection we have been sent evidence to confirm that these audits have now re-commenced.
- The IPC lead for the practice had not received update training since November 2012. We have been informed since the inspection, and seen evidence to confirm this, that this issue has been rectified and that the IPC lead had received the necessary update training.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally comparable with or above local and national averages. A GP partner had been appointed as QOF lead and performance was discussed at practice meetings.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated adherence to current guidelines and some quality improvement.

Summary of findings

- The practice proactively followed up patients who did not attend appointments or referrals to ascertain reasons and to establish if additional support was required.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff met with and worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff had a good understanding of consent and the impact of the Mental Capacity Act 2005.

Are services caring?

Good



- Data from the national GP patient survey showed patients had mixed satisfaction with regard to several aspects of care.
- Patient derived data on the day from comment cards and interviews showed that patient satisfaction with the services provided was high. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was 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?

Good



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. For example:
 - The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission.
 - Extended hours opening was offered on a Wednesday evening, and by working with other providers, patients were also able to access Saturday morning appointments at a nearby surgery.
 - The practice supported the health and care needs of a number of traveller families. We were also told that the practice had delivered services to homeless patients.

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 had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice had dedicated complaints, comments and suggestions leaflet available and had developed a Patients' Charter which highlighted services and standards that patients could expect to receive.

Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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 and supportive of the practice.

Good



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.
- Receptionists offered extra help and support to patients. For example they would assist those on arrival if they needed additional support and would call taxis or carers to pick up a patient after an appointment.
- We saw evidence that at the time of inspection the practice had given flu vaccinations to 84% of its patients who were aged 65 or over.
- The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission.

People with long term conditions

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

Good



- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice supported and reviewed patients for conditions which included coronary heart disease, asthma and diabetes. In addition to reviewing patients the clinicians developed care plans for individuals, gave healthy lifestyle advice and referred and signposted patients to other support services for their specific condition.
- The practice attended multidisciplinary team meetings with partners such as palliative care nurses, district nurses and the community matron on a monthly basis where they discussed individual patients. This facilitated the provision of joined up care and enabled all parties to be kept up to date with the care needs of the patient.
- Performance in relation to diabetes was either comparable to or better than the Clinical Commissioning Group (CCG) and national averages. For example, 97% of patients on the register had had an influenza immunisation in the preceding 1 August to 31 March which was 3% above the CCG and national average.

Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.

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 A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- We were told by the practice 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 CCG average of 79% and national average of 82%. In addition clinicians carried out regular audits with regard to cervical screening to ensure adherence to guidance and best practice.
- Appointments were available outside of school hours and the premises were suitable for children and babies. In addition children under five could access on the day appointments.
- The practice maintained close links to health visitors and community midwives who were located nearby or in the same shared premises. A weekly midwife led ante-natal clinic was held in the practice and post-natal checks were delivered by a GP and the practice nurse.
- The practice provided a range of contraception services and one of the GPs had been trained in the fitting and removal of intrauterine devices

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

Summary of findings

and offered continuity of care. For example, the practice participated in the catch up programme for students aged 17 and over for measles, mumps and rubella and meningitis C vaccinations.

- The practice was proactive in offering online services; patients could book appointments and order repeat prescriptions online as well as having access to health records. The practice also offered electronic prescribing.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group. As an example of this patients could be referred to alcohol support, healthy weight and smoking cessation services.
- The practice offered extended hours opening on a Wednesday evening 6.30pm to 8pm and via joint working with other practices were able to offer patients appointments on a Saturday 8am to 12pm. This latter service was delivered from a nearby surgery.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and patients who were at risk of an admission to hospital.
- The practice offered longer appointments for patients with a learning disability and those with complex needs such as the frail elderly.
- The practice carried out alcohol screening during health checks and on the registration of new patients, this identified patients who were hazardous drinkers or had an active alcohol use disorder. The practice was then able to offer advice and support to the patient.
- The practice worked with other health care professionals in the case management of vulnerable patients.
- The practice regularly reviewed the vulnerable patients and updated care plans as necessary.
- Staff informed vulnerable patients and their carers and advocates about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

- The practice recorded the identity of patients who had eyesight or hearing issues and used this information to offer additional support during consultations.

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).

- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months compared to a CCG average of 85% and a national average of 89%.
- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, compared to a CCG average of 87% and a national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients with mental health issues and dementia were offered regular health checks and reviews.
- Both GP partners had received training with regard to mental health capacity and deprivation of liberty safeguards (DoLS seek to give adequate protection to people who lack mental capacity to consent to care or treatment, and who need limits put on their liberty to keep them safe).

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing generally in line with local and national averages. Of the 297 survey forms which were distributed to patients as part of the survey 107 were returned which gave a response rate of 36%. This represented 4% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and the national average of 73%
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 78%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care received. Many of the responses highlighted that they felt they had received excellent care and treatment at the practice and that staff were helpful and caring

We spoke with six patients during the inspection. All of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All of the three responses made to the Friends and Family Test for September 2016 said that they would be either extremely likely or likely to recommend the practice to family and near friends (the NHS Friends and Family Test was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give your views after receiving care or treatment across the NHS).

Morley Health Centre Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Morley Health Centre Surgery

The practice operates from a main surgery which is located at Morley Health Centre, Corporation Street, Morley, Leeds, West Yorkshire LS27 9NB. The practice serves a patient population of around 2,400 patients and is a member of NHS Leeds West Clinical Commissioning Group.

The practice shares premises with a range of community services delivered by Leeds Community Healthcare NHS Trust. The building is situated in purpose built premises and the practice has operated from this location for around 20 years. The surgery is located on ground level and is accessible to those with a physical disability as floor surfaces are level and doorways are wide. There is parking available on the site for patients.

The practice population age profile shows that it is comparable to the England average for those over 65 years old (18% compared to the England average of 17%). Data indicates that the majority of patients are White British (86%); other significant patient ethnic groups include Asian (6%) and Eastern European (5%). The practice serves an area which is comparable with the national average with regard to deprivation.

The practice provides services under the terms of the General Medical Services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

In addition the practice offers a range of enhanced local services including those in relation to:

- Childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Rotavirus and Shingles immunisation
- Dementia support
- Support to reduce unplanned admissions
- Improving patient online access
- Minor surgery
- Patient participation

As well as these enhanced services the practice also offers additional services such as those supporting long term conditions management including asthma, diabetes, heart disease and hypertension, travel vaccinations and joint injections.

Attached to the practice or closely working with the practice is a team of community health professionals that includes health visitors, midwives, and members of the district nursing team.

The surgery had moved from being a single-handed GP practice to a partnership in May 2015, with the partnership operating from two locations. These were at Morley Health Centre Surgery and at Kirkgate Surgery in Birstall, North Kirklees. Both these practices are currently registered with the Care Quality Commission as two separate locations.

The practice has two GP partners (one male, one female), and two regular locum GPs (one male, one female). In

Detailed findings

In addition there is one practice nurse and one healthcare assistant (both female). Clinical staff are supported by a practice manager who covers both practices in the partnership, and an administration and reception team. There is an ability to move staff between the two practices according to need.

The practice appointments include:

- On the day appointments
- Pre-bookable
- Telephone consultations where patients could speak to a GP or nurse to ask advice and if identified obtain an appointment
- Home visits

Appointments can be made in person, online or via the telephone.

The practice is open between 8.30am and 6.30pm Monday to Friday with extended hours opening on a Wednesday from 6.30pm to 8pm. Additionally the practice works with other local GPs to offer appointments on a Saturday morning 8am to 12pm. These appointments were available at a nearby surgery.

Out of hours care is provided by Local Care Direct Limited and is accessed via the practice telephone number or patients can contact NHS 111.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 October 2016. Prior to and during our visit we:

- Spoke with and/or received feedback from a range of staff, which included GPs, nursing staff, the practice manager and members of the administration team.
- Spoke with patients.
- Reviewed comment cards where patients and members of the public shared their views.
- Observed how patients were treated in the reception area.
- Spoke with members of the patient participation group.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

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

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

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

Detailed findings

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 form available for staff to record their concerns on the practice IT system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw that the practice investigated and analysed incidents and that these were discussed at meetings. These incidents were also subject to an annual review and shared with their sister practice at Kirkgate Surgery.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed the processes in place within the practice to deal with incoming alerts and notifications and saw evidence that these were cascaded to staff via email and discussed at team meetings. The practice was also implementing the addition of read receipts to email cascades to ensure a clear audit trail.

We saw evidence that lessons in relation to significant events were shared and action was taken to improve safety in the practice. For example, as a result of a power failure and their inability to access patient notes and results from desktop computers the practice had moved to the use of laptops with secure wireless access.

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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and available on the

practice shared computer drive. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP partner had been appointed as the lead member of staff for safeguarding and the practice nurse acted as deputy. The GPs attended safeguarding meetings when possible, and maintained close links with health visitors who were located in the same building. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to level three and remaining staff were trained to either level one or two. The practice staff were able to tell us a time when they had raised a safeguarding concern which had been notified to the local authority and the Care Quality Commission.

- Notices in the waiting room and consultation rooms advised patients that chaperones were available if required (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure). All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Whenever a chaperone was used this was noted on the patient record by both the clinician and the person acting as the chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the nominated infection prevention and control (IPC) clinical lead. There was an IPC protocol in place and most staff had received up to date training. However on the day of inspection, it was noted that the IPC lead had not received update training since November 2012. We have been informed since the inspection, and seen evidence to confirm this, that this issue has been rectified and that the IPC lead had received the necessary update training. Annual infection control audits for the practice had been carried out up to 2013 but had since lapsed. When we informed the practice of this they carried out a self-assessment audit immediately and we were sent evidence to support this.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice worked, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. As an example of this activity at the time of inspection the practice was seeking to improve its performance in relation to reducing antibiotic prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines (PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions). In addition health care assistants were trained to administer vaccines and medicines against Patient Specific Directions (PSDs) (PSDs are written instructions, signed by a prescriber eg a doctor, for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis). We saw that PDGs and PSDs were being properly authorised by the practice.
- The practice had developed a comprehensive locum GP pack to support those new to the surgery.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, the practice had not checked the immunity status of staff in relation to measles, mumps, rubella and chickenpox.

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 and legionella (Legionella is a 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 enough staff were on duty. The practice partnership also had increased resilience in that it could access support and staff from their sister practice at Kirkgate Surgery.

Arrangements to deal with emergencies and major incidents

The practice had adequate 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 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 stored securely.

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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Updates were cascaded to staff, and we saw minutes which showed this information was also discussed at team meetings.
- The practice monitored that these guidelines were followed through audits.

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 showed that the practice had achieved 99% of the total number of points available, compared to a CCG average attainment figure of 96% and a national average attainment figure of 95%. The practice had an exception reporting figure of 11% which was just above the CCG average of 9% and the national average of 10%. (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). One GP partner was the lead for QOF performance and this was discussed at the monthly partners meeting.

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

- Performance in relation to diabetes was either comparable to or better than the Clinical Commissioning Group (CCG) and national averages. For example, 97% of patient on the register had received an influenza immunisation in the preceding 1 August to 31 March which was above the CCG and national averages of 95%.

- Performance for mental health related indicators showed performance generally above CCG and national averages. For example:

- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months compared to a CCG average of 85% and a national average of 89%.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to a CCG average of 87% and a national average of 84%.

There was evidence of quality improvement including clinical audit.

- The practice had completed a number of clinical audits in the last two years which included full two cycle audits in relation to Lithium (a medicine used for treating bipolar disorder) and selective serotonin reuptake inhibitors (a prescribed class of antidepressants). Results from both audits showed good adherence to prescribing guidelines, and also served to increase clinical staff awareness of these medicines.

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. This 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, one of the GP partners had been trained in the fitting and removal of intrauterine devices. However, it was noted that the Infection Prevention and Control (IPC) lead had not received recent update training in infection prevention and control. Since the inspection the IPC lead has received update training and we have seen evidence to support this.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Are services effective?

(for example, treatment is effective)

competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. As well as cascading information at whole practice meetings which were held every two months, and via ad hoc emails, the practice also had a message book where daily updates and information was recorded for staff to refer to.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and external 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 internal IT system.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Partners were able to share and access patient information with other healthcare providers, such as district nurses via the common IT system, and the practice shared details of patients who were approaching the end of life with the out of hours service provider.
- The practice proactively followed up patients who did not attend appointments or referrals to ascertain reasons and to establish if additional support was required.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals including district nurses and palliative care nurses on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice also used the Electronic Palliative Care Co-ordination System (EPaCCS); this provided a shared locality record for health and social care professionals which allowed rapid access across care boundaries to key information about an individual.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance and consent was recorded in patient notes.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The GP partners had both received specific training with regard to mental health capacity and deprivation of liberty safeguards. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- who were in the last 12 months of their lives
- at risk of developing a long term condition
- who required healthy lifestyle advice, such as in relation to diet and weight management and alcohol reduction. Patients could access smoking cessation services which were located in the same building as the surgery.

The practice's uptake for the cervical screening programme was 86%, which was above the CCG average of 79% and the national average of 82%. 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.

Are services effective?

(for example, treatment is effective)

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

Childhood immunisation rates for vaccinations given were above national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 100% (national average 88%) and five year olds ranged from 88% to 100% (national average 89%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients, those with a learning disability, NHS health checks for patients aged 40 to 74 and health checks for those aged over 75. 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.

All of the 41 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.

We spoke with members of the patient participation group (PPG). They also told us they were generally 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 mixed satisfaction scores on consultations with GPs and nurses and the service they received from receptionists. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%
- 82% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%

- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%

We discussed these results and others with regard to patient satisfaction with the practice. They told us that they regularly examined survey findings and looked for areas where improvements could be made. As an example the practice had introduced telephone message recording which allowed them to review and monitor performance in relation to this aspect of work.

Care planning and involvement in decisions about care and treatment

Patients told us on the day that 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 from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients had lower than average satisfaction when compared to local and national averages to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%

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

Are services caring?

- Staff told us that translation and interpretation services were available for patients who did not have English as a first language. In addition GP partners had language skills which included Urdu, Punjabi and Hindi.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 28 patients as carers (over 1% of the practice list). Carers, once identified at either registration or on an ad hoc basis, accessed additional services from the practice which included influenza vaccinations and signposting and referral to specific carers support.

Staff told us that if families had suffered bereavement the practice would be available to meet their ongoing needs such as consultations at a flexible time and location and/or by giving them advice on how to find a local support service.

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.

- There were longer appointments available for patients with a learning disability, the frail elderly with complex needs and patients who needed additional language support.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children under five years old and those patients with medical problems that require same day consultation.
- The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission. At the time of inspection the 42 patients received this service.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were some disabled facilities, and translation and interpretation services were available. The GP partners also had language skills which included Urdu, Punjabi and Hindi.
- Extended hours opening was offered on a Wednesday evening, and by working with other providers, patients were also able to access Saturday morning appointments at a nearby surgery.
- The practice supported the health and care needs of a number of traveller families. We were also told that the practice had delivered services to homeless patients and that in the past they had worked with other agencies to find a homeless patient hostel accommodation.
- Online services were available and patients could book appointments and order repeat prescriptions online as well as having access to health records. The practice also offered electronic prescribing.

- The practice was able to offer joint injection, minor surgery and intrauterine device fitting and removal.
- The practice provided health services to seven patients who were in residential care and worked closely with staff to coordinate and deliver personalised care packages.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday with extended hours opening on a Wednesday 6.30pm to 8pm. Additionally the practice worked with other local GPs to offer appointments on a Saturday morning 8am to 12pm. These appointments were available at a nearby surgery.

The practice offered appointments which included:

- On the day appointments
- Pre-bookable appointments
- Telephone consultations where patients could speak to a GP or nurse to ask advice and if identified obtain an appointment
- Home visits

Results from the national GP patient survey showed mixed patient satisfaction with how they could access care and treatment.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and the national average of 76%
- 89% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%

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

The practice had a system in place to assess:

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

The practice carried this out by discussing with the patient their symptoms and needs and using this to make an informed decision based on clinical need. In cases where the urgency of need was so great that it would be

Are services responsive to people's needs?

(for example, to feedback?)

inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. For example, the practice had a dedicated complaints, comments and suggestions leaflet available and had developed a Patients' Charter which highlighted services and standards that patients could expect to receive.

We looked at the two complaints that the practice had received in the last 12 months and found that these had been investigated in line with current practice. Lessons were learnt from individual concerns and complaints action was taken to as a result to improve the quality of care. We were told that complaints, comments and suggestions were discussed at team meetings.

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.

- This vision and ethos was well understood and accepted by practice staff we spoke to on the day.
- The practice had not developed a specific business plan, however at the time of inspection the management team were working to align, standardise and coordinate services across the two locations within the partnership.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the practice shared IT drive.
- A comprehensive understanding of the performance of the practice was maintained and the partners and practice manager met regularly to discuss this.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen them and that they felt part of a small and friendly team.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice 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.

- Staff told us the practice held regular team meetings and we saw minutes of these meetings as corroboration.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff felt that they were involved in discussions about how to run and develop the practice.
- GPs and the practice manager held regular meetings with the CCG and other local practices to share information and to plan and improve local services.
- One of the practice partners was the palliative care lead for the neighbouring CCG in North Kirklees.

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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had worked with the PPG to identify improvements which could be made to the telephone system to improve

Are services well-led?

Good 

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

patient experience. Improvements made as part of this work included the recording of telephone messages, this allowed the practice to monitor and review performance in relation to practice/patient interaction.

- The practice had analysed data from the nation GP patient survey and had developed an action plan to improve areas of underperformance. They planned to bring this to the next meeting of the PPG in December 2016 to obtain members views on this action plan.
- The PPG met in the evening in order to allow working patients to attend.
- The practice had gathered feedback from staff through staff meetings, appraisals and individual discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, and that they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice participated in a local scheme whereby patients could access Saturday morning appointments at a nearby surgery.
- Clinical audits were carried out and could show some improvement to services.
- The practice worked closely with the CCG pharmacy team to improve prescribing performance.