

Eightlands Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



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 Eightlands Surgery on 23 February 2016. Overall the practice is rated as requires improvement.

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. However, we found that not all lessons from such incidents were implemented fully.
- Staff training needs were not adequately addressed 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.

- National and practice survey data showed that patients were able to get appointments when they needed them.
- Data showed patient outcomes were similar to the locality and nationally.
- Extended hours appointments were available for working people and urgent appointments were 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. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had an active patient participation group who met with practice staff regularly.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The GP's capacity was limited and the practice relied on locum clinicians.

The areas where the provider must make improvements are:

Summary of findings

- The practice must ensure that nurses comply with regulations with respect to the administration of medicines in accordance with Patient Group Direction (PGD) guidance.
- Provide staff with appropriate role specific training and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice. The practice must ensure staff receive training to ensure effective cold chain management in the practice.

In addition the provider should:

- Ensure there are systems and processes in place for clinical staff regarding Patient Safety Alerts, that are issued from the Medicines and Healthcare products Regulatory Agency (MHRA).

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 requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events and staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice. However, lessons learned were not always acted upon to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Not all staff had up to date training relevant to their role. For example the practice nurse carried out reviews for some conditions before they had had the relevant training on matters such as asthma and chronic obstructive pulmonary disease (COPD).
- Patient group directions (PGDs) which are required for non-prescribers were not in place to allow nurses to administer medicines in line with regulations
- The practice had not implemented effective cold chain management. A secondary temperature monitor was purchased in response to a vaccine fridge failure. Yet we found the monitor was only used for one of the two fridges and staff were unsure how to operate the device.

Requires improvement



Are services effective?

The practice is rated as requires improvement 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.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Requires improvement



Summary of findings

- Over the past two years the practice had completed two clinical audits. The most recent audit was done in January 2016 and was therefore still an ongoing process. There were plans to undertake further clinical audits in 2016.
- Not all staff had the skills, knowledge and experience to deliver effective care and treatment. For example, a nurse was undertaking reviews without the appropriate training.
- Appraisals and personal development plans had been carried out for all staff.
- The GP partners held mentoring meetings with the practice nurses on a weekly basis.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice in line with others for several aspects of care. For example, 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 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?

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 Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice reviewed the results of the national GP patient survey and comments from the Friends and Family test. They had increased the number of same day appointments in response to patient feedback.
- Data from the national GP survey showed that 68% of patients were usually able to see or speak to their preferred GP which was higher than the national average of 59%. However, some patients told us that they found it difficult to access a named GP and as a result patients said that there was a lack of continuity of care.

Summary of findings

- Urgent appointments were usually 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.

Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.
- At the time of the inspection the practice did not have a permanent practice manager. The practice had a temporary practice manager in place who was absent of the day of the inspection due to sickness. In her absence the partners and a senior administrator worked together to manage the practice.
- Staff capacity was limited and the practice relied on locum clinicians. They tried to use the same locums who had been supported through induction and supervision. Some staff members told us they felt under pressure.
- 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.
- Weekly mentorship meetings were held with the practice nurses. However, the practice had not ensured that Patient Group Directions that enable nurses to prescribe medicines to patients were in place. The practice had not ensured that nursing staff were suitably trained to undertake reviews with respect to reviews of patients who had asthma or chronic obstructive pulmonary disease.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. For example, advice was sought from other agencies in response to the vaccine fridge failure. However, the practice did not ensure staff were trained to effectively manage the cold chain.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice had reviewed and discussed ways to improve services and staffing levels to meet the needs of its patient population. They employed administrative apprentices and were supporting other staff members to develop. For example, a receptionist had received additional phlebotomy training.

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 requires improvement for the care of older people.

The provider was rated as requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice:

- 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.
- The nurse practitioner liaised closely with care co-ordinators to assess the needs of older people who were housebound or in care homes.
- 69% of people over 65 had received a seasonal flu vaccination compared to the national average of 73%.
- Longer appointments and home visits were available for older people when needed.

Requires improvement



People with long term conditions

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

The provider was rated as requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were however some areas of good practice:

- The GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. However, not all nurses had relevant training to carry out reviews of patients with long term conditions.
- A GP was the lead for diabetes. Seventy-three per cent of patients newly diagnosed on the register had a record of being referred to a structured education programme within nine months after entry onto the diabetes register compared with the CCG and national averages of 90%.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- All patients who had a long term condition had a named GP. The practice had introduced a system to undertake structured reviews to check if their health and medicines needs were being met. However, if patients failed to attend reviews there was no system in place to assure that these patients would be seen in a timely manner.
- 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.

Families, children and young people

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

The provider was rated as requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were however some areas of good practice:

- 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.
- 83% of patients with asthma were reviewed in the preceding 12 months that included an assessment of asthma control.
- Patients told us and we saw that children and young people were treated in an age-appropriate way and were recognised as individuals.
- 84% of women aged between 25 and 65 had a record of a cervical screening test performed in the preceding five years which was higher than the CCG and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw that arrangements were in place for the practice to work with other providers and noted examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

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

The provider was rated as requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

There were however some areas of good practice:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Extended hours clinics were offered on Monday evenings until 7.30pm, this provision included practice nurse appointments and NHS health checks.

People whose circumstances may make them vulnerable

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

The provider was rated as requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were however some areas of good practice:

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

Requires improvement



People experiencing poor mental health (including people with dementia)

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

The provider was rated as requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were however some areas of good practice:

Requires improvement



Summary of findings

- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. For example, local memory clinics.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had received additional training to assist dementia patients and had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. A total of 342 survey forms were distributed and 115 were returned (34% completion rate). This represented 2% of the practice's patient list.

- 74% found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 83% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 74% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were mostly positive about the standard of care received. Comments included that staff were caring and respectful. Some patients commented that they experienced difficulty getting through to the practice by telephone and they

were not always able to get an appointment that was convenient for them. The practice was aware that there were problems with telephone access and a new telephone provider was planned for April 2016.

We spoke with six patients during the inspection. Five patients said they were happy with the care they received and thought staff were approachable, committed and caring. One patient told us they had been unhappy with the attitude of a member of the reception staff and had complained to the practice and received an apology. Two patients told us that they had experienced difficulty getting through to the practice by telephone and two commented that it was not always possible to see their choice of GP, but recognised they could get urgent help if needed.

The partners had tried unsuccessfully to recruit additional GPs and were reviewing the availability of appointments and skill mix of the staff. To increase the availability of appointments the practice employed locum GPs and advanced nurse practitioners.

The practice reviewed the results of the friends and family test on a monthly basis. For example, in January and February 2016, 26 out of 28 respondents were either likely or extremely likely to recommend the practice to a friend or family member.

Areas for improvement

Action the service **MUST** take to improve

- The practice must ensure that nurses comply with the regulations with respect to the administration of medicines in accordance with Patient Group Direction (PGD) guidance.
- Provide staff with appropriate role specific training and guidance to carry out their roles in a safe and effective

manner which are reflective of the requirements of the practice. The practice must ensure staff receive training to ensure effective cold chain management in the practice.

Action the service **SHOULD** take to improve

- Ensure there are systems and processes in place for clinical staff regarding Patient Safety Alerts, that are issued from the Medicines and Healthcare products Regulatory Agency (MHRA).

Eightlands Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Eightlands Surgery

Eightlands surgery is located on the first floor of Dewsbury Primary Care Centre which is a large multi-practice health centre owned by community provider Locala.

The practice is located centrally in Dewsbury opposite the train station and close to shops and the market.

The practice provides primary care to 6363 patients under a personal medical services contract with NHS England. Ten per cent of patients are from black minority and ethnic populations.

There are two whole time equivalent GP partners, one male and one female who have run the practice for less than two years. There is a female practice nurse, a female nurse practitioner, a female healthcare assistant, a female phlebotomist and a team of administrative staff including two apprentices. At the time of our inspection the practice had a locum advanced nurse practitioner. The practice manager was on maternity leave and a practice manager seconded to the position from North Kirklees CCG was absent due to sickness.

In addition to primary care services the practice provides minor surgery and hosts alcohol shared care service on Thursdays and a midwife clinic on Tuesdays and Wednesdays.

The practice is open between 8am and 6.00pm Monday to Friday. Appointments are from 8.30am to 12.00pm every morning and 3.00pm to 5.50pm daily. Extended surgery hours are offered from 6.00pm to 7.30pm on Monday evenings.

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

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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

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 5 and 8 October 2013. During our visit we:

Detailed findings

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording 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 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, a privacy screen was purchased after staff had discussed the lack of privacy during a recent medical emergency in the open plan waiting area.

National patient safety alerts were received and forwarded to the appropriate staff by the practice manager. However, there was no system to ensure alerts were received and acted upon when the practice manager was absent. After being advised of this concern the practice immediately set up a generic practice email system to receive and act upon safety alerts and assured that this would be checked daily.

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 and action flowcharts were displayed. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where

necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.

- The practice had an up to date chaperone procedure and a notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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 manager position was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, weekly cleanliness audits were undertaken and documented.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Prescription pads were securely stored and there were systems in place to monitor their use. The nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received weekly mentorship and support from the medical staff for this extended role.
- The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

However;

- The practice did not have Patient Group Directions to allow nurses to administer medicines in line with legislation. Not all clinical staff were aware that PGDs were necessary. The practice took immediate action to adopt PGDs to enable the practice nurse to administer medicines.
- The practice had not implemented effective cold chain management. A secondary temperature monitor was purchased in response to a vaccine fridge failure. Yet we found the monitor was only used for one of the two fridges and staff were unsure how to operate the device.

Monitoring risks to patients

- 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 premises had 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). There was a system for the practice to report issues with the premises and equipment.

- 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. The practice had struggled to recruit additional GPs. They employed regular locum GPs and advanced nurse practitioners where shortfalls were identified.

Arrangements to deal with emergencies and major incidents

The practice had appropriate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the practice. Staff had recently successfully dealt with a medical emergency in the waiting area. We saw that the incident had been discussed with staff and learning had occurred.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected 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% of the total number of points available, with 11% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators were below the CCG and national average. A GP was the diabetic lead, 73% of patients newly diagnosed with diabetes, on the register, in the preceding 1 April to 31 March had a record of being referred to a structured education programme within 9 months after entry on to the diabetes register which was a 21% reduction from the previous year. The partners explained this was due to the loss of a diabetic lead nurse in the practice.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. Ninety three per cent of patients aged 45 or over had a record of blood pressure in the preceding 5 years which was equal to the CCG and national averages of 93% and 91% respectively.

- Performance for mental health related indicators was better than the CCG and national average. Ninety three per cent 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 the CCG average of 89% and the national average of 88%.

We saw evidence that audits were driving improvement in performance to improve patient outcomes.

- Over the past two years the practice has completed two clinical audits in which the findings have been implemented and monitored. The most recent audit was done in January 2016 and is therefore still an ongoing process.
- The practice audited their minor surgery service and participated in local CCG audits, national benchmarking, accreditation, peer review and regular meetings with the CCG and other local practices.

Effective staffing

Not all staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. We saw evidence that it covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice were not able to assure that staff were appropriately trained to manage care and reviews of people with long term conditions. For example, there was a practice nurse who reviewed patients with long-term conditions and administered vaccinations who had not received the appropriate training. The GP partners took immediate action to limit the role of the staff member until formal training was received.
- The GP 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 practice had a system of appraisals, meetings and reviews of practice development needs. The majority of staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This

Are services effective?

(for example, treatment is effective)

included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. However, the system had not identified the learning needs of the practice nurse. The practice took immediate action to evaluate the training needs and we received evidence of training booked. All staff had had an appraisal within the last 12 months.

- We saw evidence that staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The GPs had both been revalidated.

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 understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. For example, the nurse practitioner liaised with care co-ordinators to assess the needs of older people who were housebound or in care homes. 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.

- We saw evidence that the GPs and practice manager had received up to date Mental Capacity Act training. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. The GP partners regularly discussed patients who were subjects of Deprivation of Liberty Safeguards (DoLS). (DoLS relate to people who are placed in care homes or hospitals for their care or treatment and who lack mental capacity).
- The process for seeking consent was monitored through records audits.

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 and alcohol consumption. The practice hosted a shared care alcohol awareness and support service one day a week and referred patients with alcohol related problems. Patients were signposted to the relevant services.
- Smoking cessation advice was provided in house, 89% of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months.

The practice's uptake for the cervical screening programme was 84%, (a 2% increase from 13/14) and this was better than the CCG and national averages of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by contacting patients by telephone, using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 95% to 96%.

Flu vaccination rates for the over 65s were 70%, and at risk groups 52%. These were also comparable to CCG and national averages of 73% and 53% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

Patients who completed the 18 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. Two patients told us that they had experienced difficulty getting through to the practice by telephone and two commented that it was not always possible to see their choice of GP, but recognised they could get urgent help if needed. The practice told us that the telephone system was the responsibility of the building owners. They acknowledged that there were issues with the phone system and the practice were involved in ongoing discussions with the owners to improve access for patients. A new telephone provider was planned for April 2016.

We spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and the personal touch of telephoning them to attend for reviews instead of sending a letter. They said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's results were similar to CCG and national averages for its satisfaction scores on consultations with GPs and nurses.

For example:

- 84% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 87%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 79% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%)

The practice had reviewed the results from the National GP patient survey along with comments from the friends and family test. In response to this they had increased the number of same day appointments and increased the availability of evening appointments with GPs and nurses.

Care planning and involvement in decisions about care and treatment

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

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:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 79% , national average 82%)
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84% , national average 85%)

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. For example, Kirklees Carers Count and counselling services.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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. For example, reviewing patients who lived a considerable distance from the practice where the GPs would not be able to provide home visits without delay and registering new patients from a local practice that had closed.

- The practice offered a 'Commuter's Clinic' on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- The practice identified that high numbers of patients failed to attend for appointments when invited by letter. A new system was introduced where staff telephoned patients to attend for review appointments and SMS text reminders were sent to increase patient attendance. Staff told us they felt the new approach was starting to improve patient attendance although it was early days.
- The practice provided online access for patients to book appointments and order repeat prescriptions.

Access to the service

The practice was open between 8am and 6.00pm Monday to Friday. Appointments were from 8.30am to 12.00pm every morning and 3.00pm to 5.50pm daily. Extended surgery hours were offered from 6.00pm to 7.30pm on Monday evenings.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them and the practice had increased the number of same day appointments to meet patient demand.

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 74% patients said they could get through easily to the surgery by phone (CCG average 68%, national average 73%).
- 68% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them although they could not always get through to the practice by telephone. The practice were involved in ongoing discussions with the owners to improve access for patients. A new telephone provider was planned for April 2016.

Data from the national GP survey showed that 68% of patients were usually able to see or speak to their preferred GP which was higher than the national average of 59%. The practice had carried out a survey of patients in 2015 which showed that of 47 respondents, 23 said they could get an appointment with their preferred GP the same day and 16 within two to five days. However, patients told us that they found it difficult to access a named GP and as a result patients said that there was a lack of continuity of care.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system. For example, a notice was displayed in the waiting area and information was included in the practice information leaflet.

We looked at 14 complaints received in the last 12 months and found these were appropriately handled, dealt with in a timely way, and in a manner that was open and

transparent. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a protocol had been developed to ensure patient records were reviewed prior to letters being posted to patients and staff made use of an auditable system of sending tasks to clinicians on the computer system to ensure that action was taken.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had objectives to improve access, increase the uptake of flu vaccinations, improve dementia detection and QOF outcomes for patients.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, the practice had failed to identify the training needs of a nurse. Although action was taken after the inspection to provide the appropriate training this was reactive.
- Up to date practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.

Leadership and culture

The inspection team felt that partners in the practice had the experience to run the practice and ensure high quality care. However, they had tried and been unable to recruit additional GPs. It was evident that the practice had limited capacity and this had impacted on their ability to ensure nursing staff were trained appropriately and following guidance. At the time of the inspection the practice did not have a permanent practice manager. The practice had a temporary practice manager in place who was absent of the day of the inspection due to sickness. In her absence the partners and a senior administrator worked together to manage the practice. The nurse practitioner had given notice to leave the practice. The practice relied on locum clinicians. They tried to use the same locums who had been supported through induction and supervision to provide continuity of care for patients.

The partners were visible in the practice and staff told us they were approachable and took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

There was a clear leadership structure in place.

- Staff told us the practice held regular team meetings.
- Staff told us they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Some members of staff said they felt encouraged to learn new skills but did not always feel valued and some said they felt under pressure. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- 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 surveys and submitted proposals for improvements to the practice management team. For example, the group had advised the practice on information that should be available to patients in the waiting room and where additional appointments were needed. The PPG were keen to improve parking for patients and encourage more patients to use the online services by demonstrating their use.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.
Maternity and midwifery services	How the regulation was not being met:
Surgical procedures	The registered person did not ensure that the practice nurse providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely.
Treatment of disease, disorder or injury	The registered person did not ensure that only relevant regulated professionals with the appropriate qualifications planned and prescribed care and treatment, including medicines. Patient Group Directions were not in place to allow non prescribers to administer medicines.
	This was in breach of regulation 12(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
	The registered person had not implemented effective cold chain management. A secondary temperature monitor purchased in response to a vaccine fridge failure was only used for one of the two fridges and staff were unsure how to operate the device.
	This was in breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.