

Drs D. Seeley, H.C. Ash and K.A. Harris

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		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 Drs D Seeley, HC Ash and KA Harris (known as Dearne Valley Health Centre) on 4 November 2015. Overall the practice is rated as good.

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

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- Patients said they found it easy to make an appointment, there was continuity of care and urgent appointments were available on the same day as requested.
- Longer appointments were given to those patients who needed them.
- Information regarding the services provided by the practice was available for patients.
- The practice had good facilities and was well equipped to treat and meet the needs of patients.
- There was a complaints policy and clear information available for patients who wished to make a complaint.
- The practice sought patient views how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.
- Risks to patients were assessed and well managed. There were good governance arrangements and appropriate policies in place.
- The practice was aware of and complied 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.)
- There was a culture of openness and honesty, which was reflected in the approach to safety. All staff were encouraged and supported to record any incidents using the electronic reporting system. There was evidence of good investigation, learning and sharing mechanisms in place.

Summary of findings

- There was a clear leadership structure, staff were aware of their roles and responsibilities and told us the GPs and manager were accessible and supportive.

There were two areas where the provider should make an improvement:

- Ensure there is a locum information pack in place and made available when a GP locum is used.
- Ensure there is a consistent approach to recording in patients' notes when a chaperone is used.

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.
- Lessons were shared to ensure action was taken to improve safety in the practice.
- Risks to patients were assessed and well managed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There were effective processes in place for safe medicines management.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were higher compared to both local and national figures.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice occasionally used locum GPs and a policy was in place. However, there was no evidence of a locum information pack being available.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. For example, the district nursing team and community matron.

Are services caring?

The practice is rated as good for providing caring services.

Good



- National GP patient survey data showed that patients rated the practice higher than others for several aspects of care.
- Patients we spoke with 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.

Summary of findings

- We saw staff treated patients with kindness, respect and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Greater Huddersfield Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment. Urgent appointments were available for the same day as requested, although not necessarily with a GP of their choice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were aware of their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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. There was a culture of openness and honesty, which was reflected in the approach to safety. All staff were encouraged and supported to record any incidents using the electronic reporting system. There was evidence of good investigation, learning and sharing mechanisms in place.
- There were systems in place for being aware of notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from patients and staff, which it acted on. There was an active patient participation group.

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- The practice provided proactive, responsive and person centred care to meet the needs of the older people in its population. Home visits and urgent appointments were available for those patients in need.
- The practice worked closely with other health and social care professionals, such as the district nursing team, to ensure housebound patients received the care and support they needed.
- Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission
- The practice had registered patients who were residents at a local nursing home, for whom the GPs provided care, support and medication reviews as needed.

People with long term conditions

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

Good



- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. The practice nurses had lead roles in the management of long term conditions
- Patients who were identified most at risk of hospital admission were identified as a priority.
- All newly diagnosed diabetic patients had been referred to a structured education programme in the last 12 months, compared to 90% locally and nationally.
- 84% of patients diagnosed with asthma had received an asthma review in the last 12 months, compared to 78% locally and 75% nationally.
- 96% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received a review in the last 12 months, compared to 92% locally and 90% nationally.
- Patients who were diagnosed with asthma and COPD were given self-management plans.
- Longer appointments and home visits were available when needed.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. All children who required an urgent appointment were seen on the same day as requested.
- The practice worked with midwives, health visitors and school nurses to support the needs of this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- Immunisation uptake rates were high for all standard childhood immunisations, achieving 100% for all vaccinations.
- Sexual health, contraceptive and cervical screening services were provided at the practice.
- 90% of eligible patients had received cervical screening, compared to 86% locally and 82% nationally.
- Appointments were available with both male and female GPs.

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 these patients had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were available.
- 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.
- Health checks were offered to patients aged between 40 and 74 who had not seen a GP in the last three years.
- The practice offered extended hours from 7.30am three mornings per week.

Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances and regularly worked with multidisciplinary teams in the case management of this population group.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Information was provided on how to access various local support groups and voluntary organisations.
- Longer appointments were available for patients as needed.

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).

Good



- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team. Patients and/or their carer were given information on how to access various support groups and voluntary organisations.
- There was a carers' champion in post to support carers and help with sorting out respite for patients as needed.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs or dementia. Staff had been trained as dementia friends.
- Advance care planning was undertaken with patients who had dementia, 94% of whom had received a face to face review of their care in the last 12 months which was higher than the local and national averages.
- All patients who had a complex mental health problem, such as schizophrenia, bipolar affective disorder and other psychoses had received an annual review in the past 12 months and had a comprehensive, agreed care plan documented in their record. This was higher than both the local and national averages.

Summary of findings

What people who use the service say

The national GP patient survey results published 2 July 2015 showed Dearne Valley Health Centre's performance was above average compared to other practices located within Greater Huddersfield Clinical Commissioning Group (CCG) and nationally. There were 234 survey forms distributed and 107 were returned. This was a response rate of 46%, which represented 3% of the practice population.

- 93% of respondents described their overall experience of the practice as fairly or very good, compared to 85% nationally
- 83% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area, compared to 78% nationally
- 82% of respondents described their experience of making an appointment as good, compared to 73% nationally

- 94% of respondents said they found the receptionists at the practice helpful, compared to 87% nationally
- 97% of respondents said they had confidence and trust in the last GP they saw or spoke to, compared to 95% nationally
- 96% of respondents said they had confidence and trust in the last nurse they saw or spoke to, compared to 97% nationally

As part of the inspection process we asked for Care Quality Commission (CQC) comment cards to be completed by patients. We received 43 comment cards, the vast majority of which were positive, many describing the service and care they had received as being 'excellent' and citing staff as being friendly, lovely and caring.

During the inspection we spoke with two patients both of whom were positive about the practice. We also spoke with a member of the patient participation group who informed us how the practice engaged with them.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure there is a locum information pack in place and made available when a GP locum is used.
- Ensure there is a consistent approach to recording in patients' notes when a chaperone is used.

Drs D. Seeley, H.C. Ash and K.A. Harris

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC lead inspector, a GP advisor, a practice manager advisor, a practice nurse advisor and a second CQC inspector.

Background to Drs D. Seeley, H.C. Ash and K.A. Harris

Drs D Seeley, HC Ash and KA Harris is known as Dearne Valley Health Centre and is part of Greater Huddersfield Clinical Commissioning Group (CCG). It is located within a rural area of Huddersfield in a town called Scissett. The practice had formerly been known locally as Scissett Health Centre and had operated from a prefabricated building. It moved to new purpose built premises in 1994. There is disabled access, all patient areas are on one level and there are car parking facilities on site.

The practice has a patient list size of 3,843 with a higher than national average of patients aged between 40 to 50 years. The majority of patients are white British and there are low levels of deprivation in the practice area. The practice has close links to two residential nursing homes and provides care and support as needed for registered patients who reside there.

There are three GP partners, one male and two female, and a salaried female GP. The clinical team also consists of

three practice nurses and two health care assistants; all of whom are female. The clinicians are supported by a practice manager and a team of administration and reception staff.

The practice is open between 8am to 6pm Monday to Friday. GP appointments are available 8.30am to 11am and 2.30pm to 5.40pm Monday to Thursday. They are available 8.30am to 11am and 2.30pm to 4.30pm on Friday. There are extended hours appointments from 7.30am on Monday, Wednesday and Friday. When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

Personal Medical Services (PMS) are provided under a contract with NHS England. The practice is registered to provide the following regulated activities; maternity and midwifery services, family planning, diagnostic and screening procedures and treatment of disease, disorder or injury. They also offer a range of enhanced services such as influenza, pneumococcal and childhood immunisations.

The practice has good working relationships with local health, social and third sector services to support provision of care for its patients. (The third sector includes a very diverse range of organisations including voluntary, community, tenants' and residents' groups.)

Dearne Valley Health Centre is a teaching and training practice. They are accredited to train qualified doctors to become GPs and to support undergraduate medical students, with clinical practice and theory teaching sessions.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Greater Huddersfield CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2015). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection at Dearne Valley Health Centre on the 4 November 2015. During our visit we:

- Spoke with a range of staff, which included a GP, a GP trainee, the practice manager, a practice nurse and a member of the administration team.
- Spoke with two patients who used the service and a member of the patient participation group.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Observed the interactions between patients/carers and reception staff.
- 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 are provided for specific groups of people and what good care looks 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, recording and investigating significant events.

- There was an open and transparent approach to safety. All staff were encouraged and supported to raise awareness of any significant events.
- Staff told us they would inform the practice manager of any incidents and complete the electronic incident recording form. The practice was also aware of their wider duty to report incidents to external bodies such as Greater Huddersfield CCG and NHS England. This included the recording and reporting of notifiable incidents under the duty of candour.
- We saw evidence the practice carried out a thorough analysis of significant events
- When there were unintended or unexpected safety incidents, we were informed 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.
- 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, the wrong vaccine had been given due to similarities in the packaging. The patient had been notified and no harm had occurred. Staff had learned from the incident. In addition, the vaccine manufacturer had been contacted who were reviewing the packaging in response to the incident.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people 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 and were accessible to all staff. The policies clearly outlined contact details for staff to obtain further guidance if they had concerns about a patient's welfare. The GP acted in

the capacity of safeguarding lead and had been trained to the appropriate level. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.) All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). These 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. We were informed it was recorded in the patient's records when a chaperone had been in attendance, however, there was an inconsistent approach to this as not all clinicians were recording the use of a chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw up to date cleaning schedules in place. There was a designated infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual infection prevention and control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements in place for managing medicines, emergency drugs and vaccinations, to keep patients safe. These included the obtaining, prescribing, recording, handling, storage and security. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.

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. The practice had up to date fire risk assessments and carried out regular fire

Are services safe?

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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff worked flexibly to cover any changes in demand, for example annual leave, sickness or seasonal.

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 had received basic life support training. The practice had equipment to deal with medical emergencies, such as a defibrillator and oxygen, and there were emergency medicines available in the treatment room. There was also a first aid kit and accident book in place.
- 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 NICE guidelines and used this information to deliver care and treatment that met patients' needs. This was monitored through the use of risk assessments, audits and patient reviews.

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 (2014/15) showed the practice had achieved 98% of the total number of points available, with 9% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice was not an outlier for any QOF (or other national) clinical targets Data showed:

- Performance for diabetes related indicators was higher than the CCG and national averages. For example, 99% of patients on the diabetes register had a recorded foot examination completed in the preceding 12 months, compared to the CCG and national average of 88%.
- Performance for mental health related indicators was higher than the CCG and national averages. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months, compared to the CCG and national averages of 90%.

Clinical audits demonstrated quality improvement. We saw evidence of a completed clinical audit where improvements had been made. The practice also participated in local audits, such as antibiotic prescribing.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed:

- There was an induction programme for newly appointed non-clinical members of staff, which covered topics such as health and safety, infection prevention and control, fire safety, confidentiality and safeguarding.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they were supported by the practice to undertake any training and development as befits their role. We saw evidence that all staff received annual appraisals and were up to date with mandatory training. For example, safeguarding, fire safety and basic life support.
- There was a locum policy in place, however, there was no evidence of a GP locum information pack being available.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to clinical staff in a timely and accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records, investigation and test results. The practice could evidence how they followed up after discharge those patients who had an unplanned hospital admission or had attended accident and emergency (A&E).

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. Information was shared between services, with the patient's consent, using a shared care record. We saw evidence that multidisciplinary team meetings, to discuss patients and clinical issues, took place on a monthly basis.

Care plans were in place for those patients who had complex needs or at a high risk of an unplanned hospital admission, which were reviewed and updated as needed.

The practice worked closely with two local residential nursing homes, to provide care and support to registered patients who resided there.

Consent to care and treatment

Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005. Patients' consent to care and

Are services effective?

(for example, treatment is effective)

treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, the GP or nurse assessed this and, where appropriate, recorded the outcome of the assessment.

When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as Gillick competency. This is used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Health promotion and prevention

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

- in the last 12 months of their lives
- at risk of developing a long term condition
- requiring healthy lifestyle advice, such as dietary, smoking and alcohol cessation

- who act in the capacity of a carer and may require additional support

The practice encouraged its patients to attend national screening programmes for cervical, bowel and breast cancer. Cervical screening was offered by the practice and their uptake was 90%, which was higher than the national average of 82%. The practice actively reminded patients who did not attend for their cervical screening test.

The practice carried out immunisations in line with the childhood vaccination programme. Uptake rates were higher than the national averages overall. The practice had achieved 100% for all children aged 24 months and under and for five year olds.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection we observed that:

- Members of staff were courteous and helpful to patients and treated them with dignity and respect.
- There was a private room should patients in the reception area want to discuss sensitive issues or appeared distressed.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations and that we could not hear any conversations that may have been taking place.
- Chaperones were available for those patients who requested one.

During the inspection we spoke with two patients and a member of the patient participation group. They all informed us they were satisfied with the care they received and were treated with dignity and respect.

We also reviewed the CQC comment cards which patients had completed. Nearly all the comments were positive about their experiences at the practice and how caring staff were.

Results from the July 2015 national GP patient survey showed respondents rated the practice comparable to the local and national average to questions regarding how they were treated. For example:

- 91% of respondents said the last GP they saw or spoke to was good at listening to them, compared to 89% nationally
- 92% of respondents said the last nurse they saw or spoke to was good at listening to them, compared to 91% nationally
- 93% of respondents said the last GP they saw or spoke to was good at giving them enough time, compared to 87% nationally
- 93% of respondents said the last nurse they saw or spoke to was good at giving them enough time, compared to 91% nationally
- 91% of respondents said the last GP they spoke to was good at treating them with care and concern, compared to 85% nationally

- 91% of respondents said the last nurse they spoke to was good at treating them with care and concern, which was the same as the national average.

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 from 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 comparable to local and national averages. For example:

- 83% of respondents said the last GP they saw was good at involving them in decisions about their care, compared to 81% nationally
- 84% of respondents said the last nurse they saw was good at involving them in decisions about their care, compared to 85% nationally
- 90% of respondents said the last GP they saw was good at explaining tests and treatments, compared to 86% nationally
- 92% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments, compared to 90% nationally

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

- Interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in an easy to read format.
- The choose and book service was used with all patients as appropriate.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 patient electronic record system alerted clinicians if a patient was also a carer. The practice maintained a carers' register and offered additional support as needed. Carers were signposted to access further support as needed.

The practice worked jointly with palliative care and district nursing teams to ensure patients who required palliative care, and their families, were supported as needed. We were informed that if a patient had experienced a recent bereavement, they would be contacted and support offered as needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Greater Huddersfield CCG, to secure improvements to services where these were identified. For example:

- Home visits were available for patients who could not physically access the practice and were in need of medical attention.
- Urgent access appointments were available for children and patients who had a medical need which required a same day consultation.
- The practice operated daily telephone consultations.
- Longer appointments were given to those as needed.
- Patients were able to receive travel vaccinations which were available on the NHS.
- There were disabled facilities and interpretation services available.

Access to the service

The practice was open between 8am to 6pm Monday to Friday. GP appointments were available 8.30am to 11am and 2.30pm to 5.40pm Monday to Thursday. They were available 8.30am to 11am and 2.30pm to 4.30pm on Friday. There were extended hours appointments from 7.30am on Monday, Wednesday and Friday. Telephone consultations were sometimes held by clinicians, dependent on the need of the patient.

Appointments could be booked up to two weeks in advance, same day appointments were available for people that needed them.

When the practice was closed out-of-hours services were provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

Patients we spoke with on the day of inspection told us they were generally able to get appointments when they needed them.

Results from the national GP patient survey showed that satisfaction rates regarding how respondents could access care and treatment from the practice were comparable to local and national averages. For example:

- 81% of respondents were fairly or very satisfied with the practice opening hours, compared to 75% nationally
- 78% of respondents said they could get through easily to the surgery by phone, compared to 73% nationally
- 97% of respondents said the last appointment they got was convenient, compared to 92% nationally

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.
- All complaints and concerns were discussed at the practice meeting.
- The practice kept a register for all written complaints.
- There was information displayed in the reception area to help patients understand the complaints system.

There had been 10 complaints over the last 12 months. We found they had been satisfactorily dealt with, identifying any actions, the outcome and any learning which had been disseminated to staff.

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. There was a statement of purpose in place which identified the practice values.

There was a strong patient centred ethos amongst the practice staff and a desire to provide high quality care. This was reflected in their passion and enthusiasm when speaking to them about the practice, patients and delivery of care.

Governance arrangements

The practice had good governance processes in place which supported the delivery of good quality care and safety to patients. This ensured there was:

- A clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and available to all staff via the computer system.
- A comprehensive understanding of practice performance.
- A programme of continuous clinical and internal audit which was used to monitor quality and drive improvements.
- Robust arrangements for identifying, recording and managing risks.
- Business continuity and comprehensive succession planning was in place, particularly with regard to the nursing team.
- Priority in providing high quality care

Leadership, openness and transparency

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.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour, which included communicating with patients

about notifiable safety incidents. We were informed that when this happened, affected patients were given reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by management. Staff told us:

- There was an open and honest culture within the practice.
- The partners were approachable and always took the time to listen to all members of staff.
- There were regular team meetings where they had the opportunity to raise any issues and felt confident and supported in doing so.
- They felt respected, valued and supported, particularly by the partners in the practice.
- They were encouraged to identify opportunities to improve the service delivered by the practice.
- Learning and development was encouraged within the practice.

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

The practice proactively encouraged and valued feedback from patients through the use of the patient participation group (PPG), patient surveys and any complaints or compliments they received. Feedback was also encouraged through the use of the practice website.

The PPG had regular virtual meetings as needed. They were engaged with the practice and made recommendations which were acted upon. For example, more appointments had been made available in response to patient feedback.

The practice also gathered feedback from staff through meetings and the appraisal process. Staff told us they would not hesitate to raise any concerns or issues.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Dearne Valley Health Centre was a teaching and training practice. They were accredited to train qualified doctors to become GPs and to support undergraduate medical students, with clinical practice and theory teaching sessions.

The practice team was forward thinking and part of local and national schemes to improve outcomes for patients in the area. For example, they were part of the Leeds

Are services well-led?

Good 

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

University Action to Support Practices Implementing Research Evidence (ASPIRE) programme, which supports practice in continuous quality improvement in the delivery of patient care and sustainability.