

Dr Iain Glencross

Quality Report

140 Fitzwilliam Street
Huddersfield
West Yorkshire
HD1 5PU
Tel: 01484500921
Website: glencrosssurgery.nhs.uk

Date of inspection visit: 7 July 2016
Date of publication: 08/08/2016

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Outstanding practice	12

Detailed findings from this inspection

Our inspection team	13
Background to Dr Iain Glencross	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Iain Glencross on 7 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patient satisfaction at the practice was high. For example, 95% of patients said they found it easy to get through to the surgery by telephone.
- The practice did not offer extended opening hours. However, 99% of patients said that they were able to access a GP the last time they had tried.
- Patients said they found it easy to make an appointment with a named GP and there was good continuity of care, with urgent appointments available the same day. Patient satisfaction scores were consistently high: between January and September 2015, 96% of patients described their experience at the surgery as good or very good.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had an active patient participation group called the Patient Viewpoint Group (PVG). Following feedback from the PVG changes were made as to how the practice was run. For example, additional nursing appointments were offered in the afternoon and provision was made for patients to book phlebotomy appointments on line.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was liaising with Greater Huddersfield Clinical

Summary of findings

Commissioning Group (CCG) and had submitted plans to move to a modern building to improve access for patients and to enable them to offer additional services.

- The practice was part of the Prime Health Huddersfield Federation and staff at the surgery were active within the CCG.
- The practice was proactive in the management of mental health issues including dementia and staff had completed Dementia Friends training and Dignity in Care training to support patient needs. The practice had undertaken training to become a safe haven for vulnerable people.
- There was a clear leadership structure and staff felt supported by the lead GP and the practice manager. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

The practice had bespoke computer mouse mats for all staff which included contact numbers for safeguarding queries, other relevant telephone numbers and information about which codes to use to identify carers.

Young people were contacted on their fifteenth birthday and offered the opportunity to update practice records with their own mobile number and take more control over their personal health. The practice had been recognised for offering a high standard of health services and materials aimed at young people.

For patients with a learning disability or for those patients who did not use English as their first language there was easy to read information available and a picture board to assist people in explaining what they needed and who they wanted to see. The practice had shared this communication board with the local pharmacy.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice; we saw evidence that significant events, complaints and actions required were discussed at the practice governance meetings.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again and these were also discussed with the PVG.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The team had undertaken training on female genital mutilation (FGM) and contact numbers for the local safeguarding teams were available on bespoke practice mouse mats for all staff.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Systems were in place to ensure that clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidance and other locally agreed guidelines. The practice liaised closely with the CCG.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and had attended mandatory and additional training courses.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Summary of findings

- The practice used information in numerous languages to encourage the uptake of cervical screening. Patients with a learning disability also benefitted from easy read leaflets and a DVD which explained the process of having a smear test.
- The health care assistant would visit vulnerable and older people in their own homes to offer health assessments and administer flu vaccinations. We saw evidence that this was supported by an up to date patient specific directive, appropriate training and assessment of competencies, knowledge of anaphylaxis and how to respond and adherence to policies and procedures.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. The waiting area was calm and staff were polite and friendly when greeting patients.
- Information for patients about the services available was easy to understand and accessible. A “welcome to the practice” leaflet had been translated into numerous languages including Arabic, Bengali and Ukrainian.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Parking at the practice could be difficult, however, the clinicians ensured that all appointments ran to time, so that patients could make use of one hour parking restrictions without worrying they would be issued a ticket. We saw evidence that patients were seen promptly.
- The practice encouraged the use of and made regular referrals for patients to voluntary organisations, to improve their social wellbeing. This included arranging buddies for patients with learning disabilities to attend the surgery and referrals to creative outlets such as singing, walking and creative arts.
- The practice had supported vulnerable patients to access other services such as legal advocacy and other local support services.
- The practice had trained to be a “Safe Place” under the Mencap safer places scheme. The practice had been able to use these skills to provide a safe haven for vulnerable people when required.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Greater Huddersfield CCG to secure improvements to services where these were identified. The practice had submitted a bid alongside three other practices to secure funding for new purpose built premises. It was hoped this would improve access and parking for patients and allow the practice to increase the services it could provide.
- Patients said they found it very easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. We were told that appointments ran to time and we saw evidence to confirm this. Patients told us they never waited more than 48hours for an appointment
- The practice had good facilities and was well equipped to treat patients and meet their needs. Due to the restrictions of the building the staff would individually assess the needs of the patient prior to their consultation and ensure that a suitable room was available.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised both verbally and in writing. Learning from complaints was shared with staff and other stakeholders including the PVG.

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 clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The staff discussed positively the benefits of training and had attended numerous learning and development events including a study day on spirituality and dementia friends training.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. A culture of openness and honesty was encouraged. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient viewpoint group was active.
- There was a strong focus on continuous learning and improvement at all levels. The practice had provided additional training for its staff and supported learning and development. The team had developed a chaperone training resource that had been shared with other practices within the CCG.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. When patients moved into local care homes they were supported to retain the services of their usual GP.
- The practice was part of a pilot scheme to facilitate timely and appropriate discharges for older people from hospital. The scheme aimed to co-ordinate care and reduce the length of inpatient stays.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority using the computer systems.
- Outcomes for patients with diabetes were higher than CCG and national averages. For example the percentage of patients with a recorded normal blood pressure reading was 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. 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.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Children were offered same day, priority appointments.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 83%, which was better than the national average of 82% and comparable to the CCG average of 85%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw evidence of positive examples of joint working with midwives, health visitors and school nurses. New mums were sent a card from the practice congratulating them on the birth of their baby and inviting them to attend for a co-ordinated eight week baby check.
- Appointments could be booked via a smartphone app and the practice also had a twitter account for people to keep up to date with news from the surgery.
- Young people were contacted on their fifteenth birthday and offered the opportunity to update practice records with their own mobile number and take more control over their personal health. The practice had been awarded the Kirklees Young People Friendly kite mark. This award is in recognition of a service that provides the highest possible standard of health services and materials aimed at young people

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Telephone consultations were available for those who requested them.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. This included the ability to access test results on line.
- Appointments could also be booked via a smartphone app.
- We were told and saw evidence that patients could access appointments at a time which suited their needs. Appointments were prompt and people were seen at their allocated time.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, dementia and those with drug or alcohol dependency.
- The practice had identified 51 patients with a learning disability and offered longer appointments and annual health checks to this patient group. The practice had achieved a Learning Disability Friendly award which had been promoted by an NHS initiative. They had some easy read information available and a picture board to assist people to explain what they needed and who they wanted to see. The practice had shared this communication board with the local pharmacy.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations including walking groups, creative arts groups and a singing group.
- The practice had a trained carer's champion.
- 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.
- When patients required a translator a double length appointment was booked and we saw that practice information was translated into several different languages relevant to the patient group.
- The practice was a designated "Safe Place" for vulnerable people had undertaken training through MENCAP for this.
- The practice was situated in an area where the prevalence of HIV was high and offered testing for this at new patient health checks.

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).

- The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months was 100%, which is better than both the CCG and national average.
- The percentage of patients with mental health issues who had an agreed comprehensive care plan was 97% compared to the CCG average of 89% and the national average of 88%.

Good



Summary of findings

- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. Dementia screening was offered opportunistically at new patient health checks and during long term conditions reviews.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and had a good knowledge of what was available in the local area.
- 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. Same day appointments were offered to patients who were experiencing an acute mental health issue and proactive home visits would be undertaken by the health care assistant.
- Staff had a good understanding of how to support patients with mental health needs and dementia and had undertaken Dementia Friends training and Dignity in Care training.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages in many areas. A total of 325 survey forms were distributed and 125 were returned. This was a response rate of 39% and represented 5% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 99% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 76%.
- 96% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all very positive about the standard of care received. Patients confirmed that their health care needs were met promptly in a responsive and caring environment. We did not receive any negative comments and several patients said the health care and support they received was very good or excellent.

The Friends and Family test is a survey which asks patients if they would recommend NHS services to other people based on the quality of the care they have received. Over a 12 month period at the surgery, results showed that 97% of patients said that they would recommend the service to their friends and family.

Outstanding practice

We saw areas of outstanding practice:

The practice had bespoke computer mouse mats for all staff which included contact numbers for safeguarding queries, other relevant telephone numbers and information about which codes to use to identify carers.

Young people were contacted on their fifteenth birthday and offered the opportunity to update practice records

with their own mobile number and take more control over their personal health. The practice had been recognised for offering a high standard of health services and materials aimed at young people.

For patients with a learning disability or for those patients who did not use English as their first language there was easy to read information available and a picture board to assist people in explaining what they needed and who they wanted to see. The practice had shared this communication board with the local pharmacy.

Dr Iain Glencross

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Iain Glencross

Dr Iain Glencross provides services for 2,485 patients. The surgery is situated within the Greater Huddersfield Clinical Commissioning group and is registered with Care Quality Commission (CQC) to provide primary medical services under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

Dr Iain Glencross is registered to provide diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services, family planning and surgical procedures. They offer a range of enhanced services such as childhood immunisations, facilitating timely diagnosis and support for people with dementia and improving patient access on line.

There is a higher than average number of male patients aged between 25 and 54 and there are fewer patients aged under 19 than the national average. The national general practice profile shows that 22% of the practice population is from a south Asian background with a further 14% of the population originating from black, mixed or non-white ethnic groups.

The provider and full time single handed GP at the practice is Dr Iain Glencross. The practice employs regular locum cover to support clinics. There are two advanced nurse practitioners at the surgery who work one day per week each and two practice nurses who work part time. There is also one full time health care assistant and a pharmacist who is employed by the CCG and supports the practice as necessary.

The clinical team is supported by a practice manager and a team of administrative staff. One member of the staff team is able to converse in several languages including those widely used by the patients, Urdu, Punjabi and English.

The practice catchment area is classed as being within one of the 30% most deprived areas in England. People living in more deprived areas tend to have a greater need for health services.

The practice is situated within an older, domestic type terraced property with limited car parking available. Patients can request parking permits or make use of limited on street parking. It has disabled access, limited disabled facilities and a hearing loop. Dr Glencross and three other practices in the area have submitted plans to Greater Huddersfield CCG to move to a new purpose built building close to the current surgery.

The practice reception is open between 8.00am and 6.00pm Monday, Tuesday, Thursday and Friday and appointments are from 8.15am until 6.00pm on these days. The reception opens at 8.00am on Wednesdays and appointments are available from 8.15am until 1.00pm when the surgery closes. The practice does not offer an extended hour's clinic.

When the surgery is closed patients are advised of the NHS 111 service for non –urgent medical advice and are directed to a local clinic. Dr Glencross and a nearby GP share on-call duties on a Wednesday afternoon.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 July 2016. During our visit we:

- Spoke with a range of staff including Dr Glencross, the practice manager, a practice nurse, an administration assistant and the healthcare assistant.
- Observed how patients were being cared for and treated in the reception area.
- Spoke with three members of the Patient Viewpoint Group.

- Reviewed templates and information the practice used to deliver patient care and treatment plans.
- Reviewed comment cards where patients 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. This information was shared with staff and other stakeholders.
- The practice carried out a thorough analysis of the significant events and discussed these and the actions taken at governance meetings
- The team had undertaken training on female genital mutilation (FGM) and contact numbers for the local safeguarding teams were available on bespoke computer mouse mats for all staff.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a sharps injury at the practice a local protocol was agreed and training was given to staff.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead GP was the safeguarding lead and the practice worked with local

health and social care teams to support those patients who were identified as being at risk. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. We saw evidence that some nursing staff were also trained to level three.

- A notice in the waiting room advised patients that chaperones were 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 (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. Some storage areas were cluttered due to a lack of space within the practice. The practice manager had recently taken on the role of the infection prevention and control (IPC) lead and had undertaken training for this role. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example flooring was repaired following a recent audit.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). On the day of our inspection the practice nurse specialist adviser noted that on two occasions the fridge temperatures were recorded as low. The practice confirmed to us that when the temperature had been reassessed it had been within guidelines (between two degrees and eight degrees). We asked the practice to take advice regarding this and no further issues were noted.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best

Are services safe?

practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and staff confirmed they were able to cover for each other when individuals were on annual leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have a defibrillator available on the premises but shared this with a neighbouring practice. There was a risk assessment in place for this. Oxygen with adult and children's masks was available, as was a first aid kit and accident book.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was continually reviewed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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 100% of the total number of points available with 13% exception reporting which is slightly higher than the national average of 9%. 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 2014/2015 showed that the practice was performing well:

- Performance for diabetes related indicators was better than CCG and national averages. For example, the percentage of patients on the diabetes register with a record of a foot examination and a risk classification was 92% compared to the CCG average of 89% and the national average of 88%.
- Performance for mental health related indicators was better than CCG and national averages. For example, the percentage of patients with a mental health issue who had a comprehensive care plan documented in their records was 97% compared to the CCG average of 89% and the national average of 88%.

- The uptake of breast and bowel screening within the practice was low when compared to national averages. The practice confirmed that they encouraged patients to attend for screening.

There was evidence of quality improvement including clinical audit.

- We saw evidence of two cycle clinical audits completed in the last two years, where improvements made were implemented and monitored. For example an initial audit for consent when undergoing minor surgery, showed that consent was not always recorded in patient notes. When this was re-audited figures showed that the surgery could evidence a signed consent form for 45% of patients, compared to only 9% during the earlier audit.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- The practice pharmacist had highlighted the use of antibiotics within the practice. A further review of the antibiotic prescribing data showed that usage had reduced during 2015/2016.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, and administering vaccinations. Time was allocated for staff to attend CCG events and they also had protected learning time.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and attending CCG lead events. The practice nurse also undertook an audit of smear tests that were undertaken.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

Are services effective?

(for example, treatment is effective)

training to meet their learning needs including on line training and protected practice learning time. Ongoing support also included one-to-one meetings, learning events, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months.

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

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.
- 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 professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The practice did not have a specific policy for this but confirmed that all staff had received a copy of a Mental Capacity Act leaflet.
- When providing care and treatment for children, young people, and those with a learning disability 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 process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and vulnerable patients. Patients were signposted or referred to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 85% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and ensuring that a female sample taker was available. For those with a learning disability there were easy read leaflets, a DVD and a communication board to help the staff explain the examination. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were high. For example, all childhood immunisation rates for the vaccinations given to under two year olds were 100% with the exception of the PCV booster at 88%. Vaccination rates for five year olds were all 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 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 or screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient voice group (PVG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. The PVG members confirmed that they were always able to get an appointment when they needed one. The comment cards highlighted that staff responded compassionately when they needed help, listened to patients and provided support when required.

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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 or above local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

- 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.
- Information leaflets were available in easy read format and a "welcome to the practice" information sheet was

Are services caring?

available in several different languages including Bengali and Ukrainian. The practice had recently employed a new staff member who could speak several languages relevant to the patient group

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice

list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice had a good awareness of the voluntary services available in the area and were proactively contacting patients who they thought may have a caring role and offering them support. There was a dedicated carers champion at the practice and an up to date display board with information for carers.

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

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice manager had worked with the local council and the CCG to ensure business continuity plans were fit for purpose across the CCG. The practice held a monthly "campaign" which would highlight a relevant health issue and offer guidance and support.

- There were longer appointments available for patients with a learning disability, those who needed an interpreter and for people with long term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were limited disabled facilities due to the layout of the building, but we observed that patient needs were assessed prior to consultations to ensure their privacy and dignity was maintained. A hearing loop and translation services were available. The practice had developed a small board with pictures of specific staff and interventions to aid communication.
- The practice did not offer extended opening hours. However 99% of patients said that they were able to access a GP the last time they had tried.
- The practice was planning to move to a new purpose built premises.
- Reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services, these included easy read information and information in different languages. A doorbell had been fitted to the front entrance and staff would assist anyone who they saw were struggling to access the building.

Access to the service

The practice reception was open between 8.00am and 6.00pm Monday, Tuesday, Thursday and Friday and appointments were from 8.15am until 6.00pm on these days. The reception opened at 8.00am on Wednesdays and appointments were available from 8.15am until 1.00pm when the surgery closes. There was an on call GP available on a Wednesday afternoon. The practice did not offer an extended hour's clinic.

In addition to pre-bookable appointments that could be booked up to six months in advance, urgent appointments were also available for people that needed them.

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

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 95% of patients said they could get through easily to the practice by phone compared to CCG average of 76% and the national average of 73%.

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

The practice had a system in place to assess:

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

The computer system was used to alert staff to vulnerable patients and the GP would triage calls where necessary. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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 and that the complaints leaflet contained relevant information and a section for patients to register their complaint without asking for additional forms.

We looked at two complaints received in the last 12 months and found that lessons were learnt from individual

concerns and complaints and action had been taken as a result, to improve the quality of care. Written and verbal apologies were given. Complaints were satisfactorily handled, dealt with in a timely way and with openness and transparency.

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 a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a forward thinking approach which reflected the vision and values and were proactive in trying to improve patient care.

Governance arrangements

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

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

Leadership and culture

On the day of inspection the lead GP and the practice manager 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 and the patients confirmed this. Staff told us the managers of the practice were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with

patients about notifiable safety incidents. The lead GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings and learning events.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP and the practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The lead GP was a GP appraiser and visited several other practices in the area. Good practice was shared with the team as were learning outcomes from significant events which occurred in other areas.
- There was a strong focus on continuous learning and improvement at all levels. The practice had provided additional training for its staff and supported learning and development. The team had developed a chaperone training resource that had been shared with other practices within the CCG.

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 viewpoint group (PVG) and through surveys and complaints received. The PVG met approximately twice per year and also virtually by email. They carried out patient surveys and submitted proposals for improvements to the practice management team. Several members of staff attended

Are services well-led?

Good 

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

the meetings and the PVG discussed how they were asked to review and agree a practice policy following an incident. The PVG were involved in the plans for the new building and described how they felt they were valued and listened to. The PVG described the service as accessible, responsive and caring.

- The practice had gathered feedback from staff 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. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice had a “You said, we did” board in the reception area to reflect changes made as a result of patient feedback from suggestions and surveys. This included providing a drink of water to patients whilst they were waiting in reception.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area this included piloting an early discharge scheme and working closely with discharge co-ordinators from a local hospital.

The practice undertakes a “360 degree” appraisal of its clinical staff. This feedback is a process in which employees receive confidential, anonymous feedback from the people who work around them and are supported to improve and enhance their skills.

We saw several examples where the practice had identified and responded to the needs of vulnerable groups and undertaken additional training or had gained an award, for example dementia friends training, learning disability friendly award, MENCAP safe haven and the Kirklees Young People Friendly kite mark.