

Rydings Hall Surgery

Quality Report

Church Lane, Brighouse, Calderdale

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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 Rydings Hall Surgery on 8 March 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 the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they usually found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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 make sure action was taken to improve safety in the practice.
- The practice told us that when there were unintended or unexpected safety incidents, the affected person would receive an open and transparent response, and where appropriate, an apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

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 at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to monitor risk, assess need and deliver appropriate treatment for those patients with more complex needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice 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.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Calderdale Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice were involved in a project aimed at early detection and screening for chronic obstructive pulmonary disease (COPD). COPD is a lung condition which incorporates several conditions where breathing is impaired.
- Patients said they usually found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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 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.
- The practice had developed several practice specific policies which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, and acted upon this feedback. The patient participation group was active.
- 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs
- The practice provided us with data which showed that 71% of eligible patients had received the over 75 check in the preceding year compared to a CCG average of 61%
- Following the inspection we sought feedback from a local nursing home who had residents registered at the practice. They told us they were happy with the service provided by the practice.

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.
- 90% of patients with diabetes, on the register had received an influenza immunisation in the preceding year, compared to the national average of 94%.
- Longer appointments and home visits were available when needed.
- Diabetic clinics were arranged in the practice to coincide with a podiatry clinic so that patients' needs were assessed and treated at one appointment.
- 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

Good



Summary of findings

example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.

- 84% of patients with asthma, on the register, had an asthma control assessment in the preceding 12 months compared to the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available on the same day for babies and young children
- Appointments were available outside of school hours.
- The premises provided breast feeding and baby changing facilities.
- The practice had a named midwife linked to the practice, and had good links with the health visiting team who ran a weekly baby clinic at the practice.

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.
- The practice was proactive in offering online services. We saw that under 10% of patients had registered for online services.
- Text messaging services were used to remind patients about appointment times and let them know of any changes to their appointments.
- The practice provided a full range of health promotion and screening reflecting the needs for this age group.
- 83% of patients had completed a cervical screening test in the preceding five years compared to a national average of 82%.

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.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. The practice told us that homeless patients were able to use the practice address as their home address for official purposes.

Good



Summary of findings

- The practice offered longer appointments when requested for patients with a learning disability.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients how to access various support groups and voluntary organisations.
- Staff demonstrated they knew how to recognise signs of abuse in vulnerable adults and children and gave good examples to demonstrate this. Staff were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 73% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months, which is lower than the national average of 84%.
- 91% of patients with schizophrenia or other psychoses had a recorded alcohol consumption completed in the preceding year which is comparable to the national average of 90%.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice gave patients experiencing poor mental health information about how to access various support groups and voluntary organisations.
- Counselling services were available on site provided by local mental health services.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Staff had a good understanding of how to support patients with mental health needs and dementia

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing at or above local and national averages. There were 238 survey forms distributed and 113 were returned. This represents 48% of the surveyed population and 1% of the practice list as a whole.

- 73% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 93% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).
- 81% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. On the day we did not receive any completed comment cards. However during the inspection we spoke with seven patients, including two members of the patient participation group (PPG). Many of these patients had been registered with the practice for many years. They described the staff as friendly, professional and caring

Rydings Hall Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Rydings Hall Surgery

Rydings Hall Surgery is situated at Church Lane, Brighouse, Calderdale HD6 1AT. The practice is housed in a two storey building which formerly housed a local brass band, and before that the local parish hall. The practice has a list size of 8761 patients. Approximately 95% of the patients are of white British origin, with the remaining 5% being made up of Eastern European and South Asian patients. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England. They offer a range of enhanced services such as minor surgery, childhood immunisations and annual health checks for patients with learning disability.

There are six GPs, four male and two female.. There are two practice nurses, both female and a health care practitioner who is also female. The clinical team is supported by a practice manager, deputy practice manager and a range of reception and administrative staff. The practice is a teaching practice, which means it provides placements for medical students seeking to gain experience of General Practice.

The practice is classed as being within the group of the less deprived areas in England. The age profile of the practice shows a slightly higher than average percentage of patients in the 40 to 59 year age group

Rydings Hall Surgery is open between 8.30am and 6pm Monday to Friday. The practice also has extended hours on Monday between 6.30pm and 8pm for pre-booked appointments. Several clinics are held each week including asthma, diabetes, epilepsy, 'Happy Heart' and well baby clinic.

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

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders such as NHS England and Calderdale Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager

Detailed findings

provided before the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF), national patient survey, NHS Friends and Family Test (FFT) information .

We carried out an announced visit on 8 March 2016. During our visit we:

- Spoke with a range of staff including two GPs, one practice nurse, the practice manager, two reception/administrative staff members and a medical student.
- We also spoke with seven patients, including two members of the PPG.
- We observed communication and interaction between staff and patients, both face to face and on the telephone.

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 an incident reporting book as well as an electronic recording form on the practice computer system.
- The practice carried out a thorough analysis of the significant events. We noted that significant events were reviewed annually. Improvement could be made by identifying trends in significant event recording to allow for ongoing review to highlight key issues and help embed learning from such events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident where a urine sample had been incorrectly labelled with the details of another patient with the same name, procedures were changed to ensure staff checked patient details to include name, date of birth and address before samples were labelled and sent to the laboratory.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs provided reports for safeguarding meetings when possible. They had regular liaison with the health visiting team to share information about vulnerable children and families. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. At the time of our visit an annual IPC audit had not been undertaken. Following our visit the practice provided evidence that an audit had been completed and any identified actions carried out.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were appropriate (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

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

Monitoring risks to patients

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 water safety.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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. In addition a panic button was situated on the desks of clinical staff.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94.8% of the total number of points available, with 9.7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators were similar to the CCG and national averages. For example 92% of patients on the diabetes register had a recorded foot examination in the preceding 12 months compared to the CCG average of 89% and national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 84% which was similar to the CCG and national averages of 84% and 83% respectively.
- Performance for mental health related indicators was similar to CCG and national averages. For example 97%

of patients with schizophrenia or other psychoses had a recorded blood pressure reading in the preceding 12 months compared to the CCG and national averages of 91% and 90% respectively.

Clinical audits demonstrated quality improvement.

- We saw evidence of two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored. Other audits were described to us but we were not able to see documentary evidence of these during our inspection.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included standardising diagnosis and treatment protocols for urinary tract infection (UTI).

Information about patients' outcomes was used to make improvements such as streamlining antibiotic prescribing patterns for patients with sore throats.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long term conditions., Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance, such as Gillick competency. These are used in medical law to decide whether a child is able to consent to his or her own medical treatment without the need for parental knowledge or consent.

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation. Smoking cessation services were provided in-house. Patients were signposted to the 'One Stop Shop' to access additional services such as social care, occupational therapy, physiotherapy or help with adaptations to their home.
- Patients could access support for substance misuse issues from a local service.
- Counselling services were available on site and were delivered by local mental health services.

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 written and telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice showed us evidence that uptake of their bowel screening programme had increased by 16% in the preceding year.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 89% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- A private room was available adjacent to the reception area where patients could be seen if they appeared distressed or wished to discuss sensitive issues.

All of the seven patients we spoke with on the day 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 two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 95% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 95% said the GP gave them enough time (CCG average 89%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).

- 95% said they found the receptionists at the practice helpful (CCG and national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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 higher than local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 84% , national average 82%)
- 93% said the last nurse they saw was good at involving them in decisions about their care (CCG and national average 85%).

Although the number of patients who did not have English as a first language was small, staff told us that telephone interpretation services were available if needed. In addition, one of the GPs spoke several Eastern European languages and one GP spoke languages compatible with their South Asian patient population

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified just under 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them, including 'Calderdale Carers' Project'.

Staff told us that if families had experienced bereavement their usual GP contacted them and offered a home visit or appointment in surgery. Information about local bereavement counselling services was sent if appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example a third phone line had been installed to increase capacity to deal with incoming calls from patients.

- The practice was open between 8.30am and 6pm Monday to Friday with a late opening on Monday between 6.30pm and 8pm for pre-booked appointments.
- Longer appointments were available if requested.
- Home visits were carried out to housebound or very sick patients.
- Same day appointments were available. Babies and children were given priority access to appointments.
- The practice was well equipped to meet the needs of patients with mobility difficulties or those who used a wheelchair. Hearing loop, larger font information leaflets, and telephone interpreter services were available.
- In response to patient requests, one of the practice nurses had developed an information leaflet which described spirometry tests, explaining how and why they were carried out. Spirometry is a test used to assess lung capacity and can help diagnose conditions such as chronic obstructive pulmonary disease (COPD).

Access to the service

The practice was open between 8.30am and 6pm and Monday to Friday. Extended surgery hours were offered on Monday between 6.30pm and 8pm for pre-bookable appointments. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 73% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 61% patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 59%).

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

Listening and learning from concerns and complaints

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

- Their complaints policy and procedures was in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A poster was displayed in a public area of the practice and a complaints leaflet was available upon request.

We looked at 12 complaints received in the last 12 months and found they had been satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient attended for a blood test but had not been told they needed to avoid food and drink (to fast) for a period of time before the test was carried out. The test was delayed in this instance. The practice apologised and staff were reminded to make all patients aware whether or not they needed to fast before blood tests were done.

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 developed a mission statement with input from all staff groups. This was displayed in clinical and waiting areas. Staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had developed several practice policies and procedures which supported the delivery of the strategy and good quality care. These 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 available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- We saw evidence of a regular cycle of staff meetings.
- 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 in doing so and felt supported if they did. The practice were planning to introduce staff away days to enhance team building.
- Staff said they felt respected, valued and supported by the partners and management in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested that anonymised minutes from the PPG practice meetings were displayed. As a result the practice displayed these in the waiting area and on the practice website for patients to view.
- The practice had gathered feedback from staff through staff meetings and informally on a one to one basis. 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.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

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was a teaching practice, providing the opportunity for medical students to gain experience of working within a general practice setting. One of the GPs was working towards becoming a GP trainer which would enable the practice to become a training practice, training qualified doctors to specialise in general practice. The practice team

was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was participating in a scheme to improve early detection and screening for COPD, and develop pulmonary rehabilitation services within the practice.