Dr Rawcliffe & Partners

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
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 Dr Rawcliffe and Partners, also known as Honley Surgery on 18 August 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. Staff were encouraged to report and record significant events and we saw that learning from this was shared with the team.
- Safeguarding was a priority for the practice and we saw evidence that best practice was followed. Staff knew how to recognise the signs of abuse in vulnerable adults and children and any safeguarding concerns were discussed at a multi-disciplinary meeting each month.
- Patients' needs were assessed and care was planned and delivered following local and national care pathways and National Institute for Health and Care Excellence guidance.
- Services were planned to respond to the needs of the patient population. For example, patients could attend a nurse led anticoagulation clinic for which the practice was a hub. Previously patients had to attend the local hospital which had involved a lengthy bus journey for those patients dependent on public transport.
- Risks to patients were assessed and well managed.
- Patients said they were treated with kindness, compassion and that GPs and nursing staff were good at treating them with care and concern. We saw that urgent appointments were available the same day.
- 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.

Summary of findings

- The practice proactively sought feedback from staff and patients and the virtual Patient Participation Group (PPG), which it acted on.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

The surgery actively supported a charity which it set up 15 years ago to provide transportation for patients to three local GP practices. The Holme Valley Transportation scheme was available to all patients, free of charge that needed this service including older people, young parents and those living in isolated areas. The practice organised regular fundraising events and engaged the local community in the service. Figures showed up to 120 patients used the transport each month who would otherwise struggle to access health services. Whilst we saw that the practice had the capacity to offer home visits, they were aware of the social isolation faced by some patients who preferred to use the transport to visit the practice when they could.

The practice had a dedicated "dosette box team" who liaised with the GPs, pharmacy and the patient to ensure that patients were receiving the medication they required in a way that they could manage. The team would also review patients that no longer needed this service to reduce costs.

The areas where the provider should make improvement are:

The provider should undertake infection prevention and control audits on a regular basis.

The provider should review their arrangements for clinical audit at the practice. Clinical audit should be clearly linked to patient outcomes, monitored for effectiveness and be comprised of two or more cycles to monitor improvements to patients.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events Staff were encouraged to proactively raise concerns and report incidents and near misses.
- Lessons were shared at regular meetings to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- We saw that the practice was clean and hygienic with comprehensive cleaning regimes, Control of Substances Hazardous to Health (COSHH) data sheets were in place and audits had been carried out. (COSHH data sheets assess the risk and control of substances hazardous to health). The Infection Prevention and Control (IPC) audit was undertaken in May 2015 and required updating.
- We saw that sharps bins used to dispose of medical waste were secured to the wall, away from small children in accordance with best practice.
- We reviewed five personnel files and found that necessary recruitment checks had been undertaken prior to employment in most cases. We saw that only one reference was available for some staff, the latest member of staff to be recruited had two references.
- The practice was supportive of the needs of the team and staff attended practice learning afternoons, CCG training events, mandatory training and other development opportunities.

Are services effective?

Good

The practice is rated as good for providing effective services.

Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice achieved 98% QOF points in 2014/2015. (QOF is a system intended to improve the quality of general practice and reward good practice).
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence that the practice discussed these guidelines at staff meetings and used them to improve practice and outcomes for patients.
- We saw evidence of basic audits and pharmacy audits; however we did not see any two cycle audits which would assess patient outcomes or the impact of the care provided.
- 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 at the practice met each month with members of the multi-disciplinary team including health visitors, primary care hospital discharge co-ordinators and the district nurse to review complex care and safeguarding concerns.
- The practice had maintained 100% use of the 'choose and book' system since April 2014 and were the only practice in Greater Huddersfield CCG to achieve this. (This is a computer based system used to refer patients to secondary care). This meant that patients had greater choice over appointment times and venues than patients referred by other means.
- Patients of the practice and patients from other surgeries, could access a nurse led anticoagulation clinic for which the practice was a hub. This meant patients did not need to attend the local hospital which involved a lengthy bus journey for those patients dependent on public transport.

Are services caring?

Outstanding ☆

The practice is rated as outstanding 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 kindness and that staff were caring. Patients also said that GPs and nurses took the time to involve them in decisions about their care and treatment and were very good at listening to patients.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- On the day of the inspection we saw that one patient waited an hour for a booked appointment. However, the delay was displayed on the patient information screen and we saw that staff approached patients to apologise. The GP patient survey showed that 96% of patients at the practice found the receptionists helpful (national average 87%).
- All telephone calls to the surgery were answered in an upstairs office to maintain patient confidentiality on reception. The on call GP would also regularly sit in this office to respond immediately to telephone concerns and support staff.
- We saw numerous examples of staff greeting patients individually by name and treating people with kindness, respect and dignity.
- The surgery actively supported a charity which it set up to 15 years ago to provide transportation for patients to three local GP practices. The Holme Valley Transportation scheme was available free of charge, to all patients that needed the service including older people, young parents and those living in isolated areas. The practice ran regular fundraising events and engaged the local community in the service. Figures showed that up to 120 patients used the transport each month who would otherwise struggle to access health services.
- The practice had a dedicated "dosette box team" who liaised with the GPs, pharmacy and the patient to ensure that patients were receiving the medication they required in a way that they could manage. The team would also review patients that no longer needed this service to reduce costs.
- The practice had developed a care after death protocol to ensure that patients at the end of life and their families were treated in a dignified, caring and compassionate way.
- The practice had dedicated patient liaison officers to help meet patient needs and discuss any areas of concern that they may have.
- The practice had developed additional protocols which helped staff to carry out their duties and respond to patient's needs. This included a protocol to assist distressed patients in the surgery who may need urgent attention.
- On the day of inspection we saw that two patients requiring urgent medical attention attended the surgery without an appointment. Both cases were seen almost immediately.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good

Summary of findings

- Practice staff 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 was also part of a Federation of GP practices which commissioned services for patients.
- Patients said they found it easy to make an appointment and that urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- All routine appointments with the GP were for 12 minutes and patients were allocated 15 minute appointments with the advanced nurse practitioner.
- The practice offered a dedicated prescription telephone line where patients could order repeat medications anytime of the day or night by leaving a message.
- The practice offered a simple test that could quickly assess a patient thought to be at risk of deep vein thrombosis, (a DVT is the formation of a blood clot within a deep vein, predominantly in the legs) or a pulmonary embolism (a blockage in the pulmonary artery, the blood vessel that carries blood from the heart to the lungs). Previous to being able to offer this test patients with symptoms had been taken to hospital by ambulance as an emergency case.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice was a yellow fever vaccination centre and patients could access a range of travel vaccinations.

Are services well-led?

Good

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. Each GP partner had specific responsibilities within the practice and other 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 appropriate policies and procedures to govern activity and held regular governance meetings. The practice had developed additional protocols which helped staff to carry out their duties and respond to patient's needs. This included a protocol to assist distressed patients in the surgery who may need urgent attention.

Summary of findings

- The practice supported medical students and Foundation year two placements. (The Foundation Programme is a two-year training programme for doctors who have just graduated from medical school).
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice held quarterly significant events meetings which all staff attended.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The virtual patient participation group (PPG) was active.
- There was a strong focus on continuous learning and improvement at all levels. Staff told us that they were encouraged to attend updates and training events.

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

Outstanding ☆

The practice is rated as outstanding 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 offered a range of services to older people including annual health checks.
- The practice offered medication reviews for patients who take several medicines. These reviews were carried out in the patient's home if necessary.
- A proactive weekly GP visit was conducted at a nursing home supported by the practice.
- The surgery actively supported a charity which it set up to 15 years ago to provide transportation for patients to three local GP practices. The Holme Valley Transportation scheme was available to all patients, free of charge that needed this service including older people. The practice ran regular fundraising events and engaged the local community in the service. Whilst we saw that the practice had the capacity to offer home visits, they were aware of the social isolation faced by some patients who preferred to use the transport to visit the practice when they could.
- The nursing team visited older people who lived in nursing homes or their own homes to offer them their flu vaccination in the autumn.
- The practice had a dedicated "dosette box team" who liaised with the GPs, pharmacy and the patient to ensure that patients were receiving the medication they required in a way that they could manage. The team would also review patients that no longer needed this service to reduce costs.

People with long term conditions

Good ●

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.
- Outcomes for patients with diabetes were comparable to national and local averages. For example, the percentage of

patients with diabetes, on the register, whose cholesterol was within normal limits over the preceding 12 months was 83% compared to the CCG average of 80% and the national average of 81%.

- Longer appointments and home visits were available when needed.
- The practice ran a cardio-vascular clinic which offered less invasive blood tests and reviewed patients with multiple long term conditions at one appointment.
- The practice offered spirometry testing (a simple test used to help diagnose and monitor certain lung conditions), electrocardiograms (ECG, which is a test that can be used to check your heart's rhythm and electrical activity) and 24 hour blood pressure monitoring.
- The practice ran twice weekly Anticoagulation clinics for their own patients and those of neighbouring practices.
- 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 including the community matron and primary care hospital discharge co-ordinators.
- A phlebotomist from the local hospital attended the practice twice a week to take bloods. This reduced the need for patients to attend sit and wait clinics at the local hospital. The health care assistants (HCAs) at the practice were also able to respond to patient needs and take bloods in a timely manner.

Families, children and young people

Good

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 accident and emergency (A&E) attendances. All attendances at A&E were reviewed weekly and the GP would telephone the patient or make an appointment for them to be reviewed if necessary.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Summary of findings

- The percentage of women whose notes recorded that a cervical screening test had been performed within the last five years was 84% which was comparable to the CCG average of 85% and the national average of 82%.
- Appointments were available outside of school hours to see the GP or a nurse and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice offered a co-ordinated 6 weeks post-natal mother and baby clinic with the practice nurse and a GP. Open access baby clinics were held every week.
- The practice used a range of popular social media to communicate with their patients and update them of any changes at the surgery.
- A full range of sexual health services was offered at the practice including sexual health screening, general sexual health advice, contraception and emergency contraception. Appointments could be booked in advance or on the day.

Working age people (including those recently retired and students)

Good

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. This included text message reminders for appointments, access to test results and the on line booking of appointments.
- An extended hours clinic was held on alternate Tuesday or Wednesday evenings until 8.00pm when patients could be seen by the GP or a practice nurse. Patients could also access telephone consultations each day with a GP, advanced practitioner, health care assistant or a practice nurse.
- The practice offered a dedicated prescription telephone line where patients could order repeat medications at any time of the day or night.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

- The practice offered longer appointments, annual health checks and care plans for patients with a learning disability.
- The practice offered a “safe place” to vulnerable people as part of the Kirklees Safe Places Scheme. Staff had undergone training and the practice displayed a poster to inform people that they would offer help and support if necessary.
- The practice had identified a dedicated carers champion and were proactively identifying carers within the patient population. Carers were offered an annual health check and a flu vaccination. There was good information available in the form of leaflets and patients were signposted to which groups to contact for support.
- Two staff at the surgery were dedicated patient liaison officers. Their role was to speak directly to patients, giving advice, support and information to distressed or unhappy patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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. The safeguarding information included guidance on what to do when vulnerable patients, children or families did not attend for appointments.

People experiencing poor mental health (including people with dementia)

Good

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

- Data showed that 82% of patients with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 85% and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 93% which was better than the CCG average of 88% and the national average of 90%.
- Patients with mental health issues were offered an annual physical health check.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- For patients with dementia who took multiple medications, reviews could be carried out in the persons home and outcomes documented within the individuals care plan.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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. All staff had attended additional training and were registered as 'dementia friends'.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. Overall, the results showed the practice was performing better than local and national averages. Data showed that 237 survey forms were distributed and 126 were returned. This represented a response rate of 53% which is higher than the national average of 38% or 2% of the practice's patient list.

- 75% 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%.
- 82% 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%.
- 91% 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%.
- 89% 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. These were displayed by the practice but no responses were received.

We spoke with twelve patients during the inspection who said they were happy with the care they received and thought staff were compassionate, committed and caring. Six patients told us that appointments were not always on time. On the day of inspection we saw staff informing patients that appointments were running late and this information being displayed on the patient screen.

Areas for improvement

Action the service SHOULD take to improve

The provider should undertake infection prevention and control audits on a regular basis.

The provider should review their arrangements for clinical audit at the practice. Clinical audit should be clearly linked to patient outcomes, monitored for effectiveness and be comprised of two or more cycles to monitor improvements to patients.

Outstanding practice

The surgery actively supported a charity which it set up 15 years ago to provide transportation for patients to three local GP practices. The Holme Valley Transportation scheme was available to all patients, free of charge that needed this service including older people, young parents and those living in isolated areas. The practice organised regular fundraising events and engaged the local community in the service. Figures showed up to 120 patients used the transport each month who would otherwise struggle to access health services. Whilst we saw that the practice had the capacity to offer home visits, they were aware of the social isolation faced by some patients who preferred to use the transport to visit the practice when they could.

The practice had a dedicated "dosette box team" who liaised with the GPs, pharmacy and the patient to ensure that patients were receiving the medication they required in a way that they could manage. The team would also review patients that no longer needed this service to reduce costs.

Dr Rawcliffe & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Rawcliffe & Partners

Background to Dr Rawcliffe and Partners

Dr Rawcliffe and Partners is also known locally as Honley Surgery and is located in a semi-rural area at Marsh Gardens, Honley, Holmfirth, West Yorkshire, HD9 6AG. The practice is situated within a purpose built building which has been extended over time to meet patient demand. It has level access, disabled facilities and parking available.

The practice provides services for 7,853 patients and is situated within the Greater Huddersfield Clinical Commissioning group (CCG) and is contracted to provide primary medical services under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

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 slightly higher than average number of patients aged over 50 and there are fewer patients aged between 15 and 39 than the national average. The national general practice profile shows that the practice population is predominantly white British with only 4% of the practice population from a south Asian or mixed background. Whilst the diversity of the area is changing, within the CCG, white British remains the largest ethnic group.

The practice has four GP partners, one of whom is male and three are female, with one male salaried GP. The practice also employs three part time practice nurses, two health care assistants (HCAs) and two part time advanced nurse practitioners (ANPs) who are all female. The clinical team is supported by a practice manager and a team of administrative staff.

The practice catchment area is classed as being within one of the 20% least deprived areas in England with low unemployment.

The practice reception is open between 7:30 am and 6:00 pm on Mondays, 8:00 am and 6:00 pm Tuesday to Friday with appointments available during these times. The practice offers an extended hours clinic on rotating Tuesdays or Wednesdays until 8:00 pm. Patients can see a GP or a nurse at these times.

When the surgery is closed patients are advised of the NHS 111 service for non –urgent medical advice and are directed to a local service.

The practice is a teaching practice and supports medical students and FY2 placements. (The Foundation Programme is a two-year training programme for doctors who have just graduated from medical school).

At the time of our inspection the practice was in the process of updating their registration of the registered manager and updating the names of the partners of the practice with the Care Quality Commission. This is a requirement of registration.

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

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 including Greater Huddersfield CCG and NHS England. We carried out an announced visit on 18 August 2016. During our visit we:

- Spoke with a range of staff including two GPs, two practice nurses and the practice manager.
- Observed how patients were being cared and spoken to in the reception area.
- Looked at care plans, templates and information the practice used to deliver patient care and treatment.
- Reviewed comments sent to us from five members of the virtual patient participation group (PPG).
- We asked a health care assistant and an advanced nurse practitioner who were on leave on the day we visited to complete a questionnaire which was handed to us on the day.

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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- There was a strong culture of openness and honesty and staff were proactively encouraged to record any incidents and discuss these with the management team. 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).
- The practice carried out a thorough analysis of the significant events and these were discussed with the team at quarterly meetings. We looked at some incidents in detail and saw that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and written apology. Meetings were held where appropriate and patients were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared with the whole staff team and action was taken to improve safety in the practice. For example, when information was put into the wrong patient notes the practice identified two patients with the same name, changed their processes and added an alert to any relevant patient records to ensure that this did not happen 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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff which clearly outlined who to contact for further guidance if concerns were raised. There was a lead member of staff for safeguarding and any concerns were discussed in the weekly clinical meetings. 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 as was the advanced nurse practitioner.
- A notice in the waiting room and in all clinical rooms, 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 (DBS) check or had a risk assessment in place for this. (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 policy was to use clinically trained staff wherever possible for this role.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and hygienic with comprehensive cleaning regimes, COSHH data sheets and we saw that audits had been carried out. (COSHH data sheets assess the risk and control of substances hazardous to health). The Infection Prevention and Control (IPC) audit was undertaken in May 2015 and required updating. The practice nurse was the IPC lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had attended regular training and update sessions. Action was taken to address any improvements identified as a result.
- Cleaning staff at the practice had signed confidentiality statements and were DBS checked.
- Comprehensive arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines including the management of DMARD drugs. (Disease-modifying anti-rheumatic drugs (DMARDs) are medicines that are normally prescribed as soon as rheumatoid arthritis is diagnosed, in order to reduce

damage to the joints). 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.

- We saw that blank prescription forms and pads were securely stored in a locked cupboard and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions; she received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions to administer medicines to patients, usually in planned circumstances).
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment in most cases. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. For two members of longer term staff only one reference was available. To assure themselves of safe recruiting procedures, the practice agreed to ensure that two references were available in the future.

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 comprehensive 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 additional 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).
- The practice retained a mercury sphygmomanometer (an instrument for measuring blood pressure) on the premises. We were told this was to assist in the clinical assessment of patients with an irregular pulse. We saw that there was an appropriate spill kit in place for this, a protocol for the management of the equipment and a risk assessment that was reviewed on the day of the inspection.
- 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, staff were clear about their roles and responsibilities and their ability to cover for sickness and leave arrangements.

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 alerting system in the consultation and treatment rooms which alerted staff to an emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with child and adult masks. A first aid kit and accident book were available. Following an significant event, the practice also had an anaphylaxis kit available to respond to a severe allergic reaction.
- 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 risk assessments and emergency contact numbers for staff, tradesmen and the CCG.

Good

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 CCG average QOF points was 96% and the national average was 95%. The most recent published results showed the practice had achieved 98% of the total number of points available with an exception reporting rate of 6%, which was lower than the CCG average of 8% and 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:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, 92% of patients with a diagnosis of diabetes had a record of a foot examination and a risk classification within the preceding 12 months compared to the CCG average of 89% and the national average of 88%.
- Performance for mental health related indicators was also comparable to other practices. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 93% compared to the CCG average of 88% and the national average of 90%.

There was evidence of some quality improvement including clinical audit.

- Clinical audits had been completed in the last two years including audits undertaken by a pharmacist. However, we did not see evidence of completed two cycle audits where improvements were made or implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example the practice had participated in a research based campaign to reduce opioid prescribing (CROP). Outcomes from this research and audit were used to inform staff of the importance of this reduction at staff meetings and showed that the practice was a high achiever in the low prescribing of these drugs.

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 which was tailored to individual needs. 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, nursing staff who reviewed patients with long-term conditions had attended regular updates and all the members of the nursing team were able to attend bi-monthly CCG updates and training events. The practice was supportive of the needs of the team and staff attended practice learning afternoons, CCG training events, mandatory training and other development opportunities.
- 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 discussion at practice meetings. Nursing staff discussed an effective support system which enabled them to carry out their role to a high standard.

- 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 through e learning, internal and external training events. Support included ongoing support, one-to-one meetings, clinical supervision and support for revalidating GPs. All 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 liaised with the out of hours service when patients were nearing the end of life to ensure continuity of care.
- The practice would review all admissions to the local hospital and contact the patient or invite them for further review.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice had maintained 100% use of the 'choose and book' system since April 2014 and were the only practice in Greater Huddersfield CCG to achieve this. (This is a computer based system used to refer patients to secondary care). This meant that patients had greater choice over appointment times and venues than patients referred by other means.

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 and those who were causing concern for example safeguarding issues.

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. Staff had undertaken additional training in the Fraser guidelines. (Fraser guidelines are used specifically for children requesting contraceptive or sexual health advice and treatment).
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, patients with a learning disability and those at risk of developing a long-term condition. Patients were signposted to the relevant service and local support groups.
- Nursing staff were able to offer dietary advice and refer patients to free weight loss and exercise programmes. Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 84%, 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 ensured a female sample taker was available. Patients were also encouraged to attend national programmes for bowel and breast cancer screening and the uptake for these was higher than the CCG and national averages. For example

Good

Are services effective?

(for example, treatment is effective)

69% of patients aged 60 and 69 had been screened for bowel cancer in the preceding 30 months, CCG average 63%. Patients told us that they felt supported by the screening programmes on offer at the practice.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and other screening that took place, including histology (tissue samples). The practice followed up patients who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to the national averages of approximately 94%. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 100% and five year olds from 94% to 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.

Outstanding ☆

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Reception staff were aware that conversations on reception may be overheard and were sensitive to this issue.
- Patients said they were treated with kindness and that staff were caring. Patients also said that GPs and nurses took the time to involve them in decisions about their care and treatment and were very good at listening to patients. We saw numerous examples of staff greeting patients individually by name and treating people with kindness, respect and dignity.
- Nursing staff discussed with us the importance of empowering patients and ensuring that they understood any diagnosed conditions. We were told of some examples where this attention to detail had positively influenced outcomes for individuals.
- On the day of the inspection we saw that one patient waited an hour for a booked appointment. However, the delay was displayed on the patient information screen and we saw that staff approached patients to apologise. The GP patient survey showed that 96% of patients at the practice found the receptionists helpful (national average 87%).
- All telephone calls to the surgery were answered in an upstairs office to maintain patient confidentiality on reception. The on call GP would also regularly sit in this office to respond immediately to telephone concerns and support staff.
- The surgery actively supported a charity which it set up to 15 years ago to provide transportation for patients to three local GP practices. The Holme Valley Transportation scheme was available free of charge, to all patients that needed the service including older people, young parents and those living in isolated areas. The practice ran regular fundraising events and engaged the local community in the service. Figures showed that up to 120 patients used the service each month who would otherwise struggle to access health services. To further assist the charity the practice co-ordinated the use of the transport and paid towards the drivers expenses.
- The practice had a dedicated "dosette box team" who liaised with the GPs, pharmacy and the patient to ensure that patients were receiving the medication they required in a way that they could manage. The team would also review patients that no longer needed this service to reduce costs. When the team were alerted by a family member to an elderly patient who had mistakenly taken two days medication in 24 hours, they were quickly able to arrange a box with an alarm that alerted the patient to the need to take their medication at the correct time.
- The practice had dedicated patient liaison officers to help meet patient needs and discuss any areas of concern that they may have and respond to suggestions and queries.
- The practice had developed additional protocols which helped staff to carry out their duties and respond to patient's needs. This included a protocol to assist distressed patients in the surgery who may need urgent attention.
- On the day of inspection we saw that two patients requiring urgent medical attention attended the surgery without an appointment. Both cases were seen almost immediately.
- The practice offered a "safe place" to vulnerable people as part of the Kirklees Safe Places Scheme. Staff had undergone training and the practice displayed a poster to inform people that they would offer help and support if necessary.

We did not receive any completed Care Quality Commission comment cards on the day of inspection. We saw that the practice had left these in a visible area of the surgery. They discussed with us that they also struggled for feedback to other surveys such as the friends and family test.

We were sent e mail responses from five members of the virtual patient participation group (PPG). They also told us they were very satisfied with the care provided by the

practice, that they were treated promptly and with dignity and respect. One member of the PPG noted that reception staff had been very skilled in recognising their distress on one occasion and had offered an urgent appointment.

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

- 93% 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%.
- 93% 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%.
- 91% 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%.
- 95% 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%.
- 96% 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

On the day of the inspection patients told us they felt very involved in decision making about the care and treatment they received. We did not receive any negative comments from patients. 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 and medication available to them. We received several comments that said the staff were superb. We also saw that care plans were detailed and personalised.

Results from the national GP patient survey showed patients responded consistently positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 93% 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%.
- 90% 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%.
- 87% 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 although there was very little demand for this.
- Information leaflets were available and covered a wide variety of topics.

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 wide selection 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 73 patients as carers (1% of the practice list). The practice employed a carer's champion who had written to all the carers on the register. Carers were asked if they were receiving the right support and the carers champion would ring carers and direct them to appropriate support and services. Health checks and flu vaccinations were also offered.

Staff told us that if families had experienced bereavement, their usual GP contacted them or offered a patient consultation at a flexible time to meet the family's needs. Information about support services was also available. The practice had developed a care after death protocol to ensure that patients at the end of life and their families were treated in a dignified, caring and compassionate way.

Good

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 offered an extended hours clinic on alternate Tuesdays or Wednesdays until 8.00pm for working patients who could not attend during normal opening hours. The surgery also opened at 7.30am on a Monday morning.
- There were longer appointments available for patients with a learning disability, those with mental health needs, patients who required an interpreter and anyone who requested this service
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- We saw that same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a yellow fever vaccination centre.
- The practice offered a dedicated prescription telephone line where patients could order repeat medications anytime of the day or night by leaving a message.
- The practice offered a simple test that can quickly assess a patient thought to be at risk of deep vein thrombosis, (a DVT is the formation of a blood clot within a deep vein, predominantly in the legs) or a pulmonary embolism (a blockage in the pulmonary artery, the blood vessel that carries blood from the heart to the lungs). Previous to being able to offer this test patients with symptoms would have been taken to hospital by ambulance as an emergency case.
- There were disabled facilities, a hearing loop and baby changing facilities available.

Access to the service

The practice reception was open between 7:30 am to 6:00 pm on Mondays, 8:00 am to 6:00 pm Tuesday to Friday with appointments available during these times. The practice offered an extended hours clinic on rotating Tuesdays or Wednesdays until 8:00 pm. Patients could see a GP or a nurse at these times. All routine appointments with the GP were for 12 minutes and patients were allocated 15 minute appointments with the advanced nurse practitioner.

In addition to pre-bookable appointments that could be booked up to twelve weeks in advance, urgent appointments were also available for people that needed them and telephone consultations.

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.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.
- The practice had conducted a patient access audit and found that they were able to meet patient demand. However, detailed findings also showed that several patients could have been supported by telephone appointments. Following this the practice decided to reduce availability by one face to face appointment per day and use this time to offer five telephone appointments and increase flexibility for patients.

People told us that they were able to get appointments when they needed them. On the day of inspection we saw that two patients requiring urgent medical attention attended the surgery without an appointment. Both cases were seen almost immediately.

The Holme Valley Transportation scheme was available to all patients that needed this service to help them attend appointments at the surgery, including older people, young parents and those living in isolated areas. The practice hosted regular fundraising events and had engaged the local community in this charity.

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.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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 and responded promptly to concerns.
- We saw that information was available to help patients understand the complaints system including a poster on reception and a detailed leaflet.

We looked at eight complaints received in the last 12 months and found they were satisfactorily handled in a timely manner and with openness and transparency. We saw that letters of apology were sent to patients and meetings arranged where appropriate. Lessons were shared with the staff team and action was taken to as a result to improve the quality of care. For example further information and training for reception staff.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement and 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 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 staff were aware of their own roles and responsibilities. There was a comprehensive induction programme in place and staff were allocated lead roles and additional duties.
- Practice specific policies were implemented and were available to all staff on the computer system.
- A comprehensive understanding of the performance of the practice was maintained and reviewed with the team at regular meetings. We also saw that notice boards relating to job roles kept staff up to date with performance and changes in the practice.
- A basic programme of 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 partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We saw evidence that they prioritised safe, high quality and compassionate care. Staff told us the partners were friendly and approachable and always took the time to listen to all members of staff.

The provider had comprehensive 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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information, a verbal and written apology and offered meetings to patients where appropriate.
- 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, monthly protected learning time and staff were encouraged to develop skills in additional areas.
- 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. We noted team away days were held every few months when the team would get together, including socially.
- Staff said they felt respected, valued and supported, particularly by the partners 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. The PPG was a virtual group and the practice also used a range of social media to communicate with their patients. The group carried out patient surveys, assisted with fundraising events for the transportation scheme and submitted proposals for improvements to the practice management team. For example, the practice purchased a water cooler for the reception area as a result of feedback from the PPG and staff photographs and roles were displayed in the surgery.

Are services well-led?

Good

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

- The practice had gathered feedback from staff through annual staff appraisals, ad hoc discussions and staff meetings. 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 motivated, involved and engaged to improve how the practice was run. Staff also said that they felt very supported and enjoyed going to work.

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.

The practice had participated in a West Yorkshire research based 'Campaign to reduce opioid prescribing'. Outcomes from this research and audit were used to inform staff of the importance of this at staff meetings and showed that the practice was a high achiever in low prescribing of these drugs.