

Hebden Bridge Group Practice

Quality Report


Valley MedicalCentre
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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 Hebden Bridge Group Practice on 24 November 2015. Overall the practice is rated as good.

Our key findings were:

- 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. At the time of our inspection an infection prevention and control audit had not been carried out but the practice made immediate plans to address this.
- 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 found it easy to make an appointment with a GP either face to face or by telephone consultation. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management..The practice proactively sought and acted upon feedback from staff and patients.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice had received a Gold Standard award for 'Pride in Practice' in recognition of their acknowledgement of the specific needs of their lesbian, gay, bisexual and transgender (LGBT) patients.

However there were areas of practice where the provider needs to make improvements.

Summary of findings

Importantly the provider should:

- Ensure an annual infection prevention and control (IPC) audit is carried out and any identified actions completed.
- Ensure that patient group directions (PGDs) which allow for the administration of vaccines by qualified nursing staff are in use and are updated regularly.

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 were enough staff to keep patients safe.
- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- Lessons were learned and communicated to support improvement.
- Information about safety was recorded, monitored, appropriately reviewed and addressed
- Risks to patients were assessed and well managed. An IPC audit which had not been carried out at the time of our inspection was scheduled for January 2016.

Are services effective?

The practice is rated as good for providing effective services

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely.
- Clinical audits demonstrated quality improvement
- Patients' needs were assessed and care was planned and delivered in line with current legislation – this included assessing capacity and promoting good health.
- There was evidence of annual appraisals and staff had received training appropriate to their roles.
- We saw evidence of multidisciplinary team working.

Are services caring?

Good



- Data showed patients rated the practice higher than other for several aspects of their care for example in respect to the GP giving them enough time, listening to them and treating them with care and concern.
- Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Care planning templates were in use to allow for patient involvement in their treatment and care.
- Information to help patients understand the services was available and easy to understand.
- We saw staff treated patients with kindness and respect and that they maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Good



The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with NHS England area team and Calderdale Clinical Commissioning Group (CCG) to secure improvements to services where these were identified; for example patient information screens had been introduced in response to patients saying they did not know how to access health information .
- Patients said they found it easy to make an appointment either face to face or by telephone with a GP, however it was not always possible to see the GP of their choice. Urgent appointments were available on the same day either face to face or by telephone consultation
- 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 lessons learnt from complaints were shared with staff.

Are services well-led?

Good



The practice is rated as good for being well led.

- It had a clear vision to provide high quality care to patients. Staff were clear about their roles and 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 in place and held regular practice meetings.
- There were systems in place to monitor and improve quality and identify risks.
- Staff received inductions, regular performance reviews and attended and participated in staff meetings.
- The practice proactively sought and acted upon feedback from patients and staff.
- The partners and management team encouraged a culture of openness and honesty.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Nationally reported data showed that outcomes for patients were good for conditions normally associated with older people.
- All patients over 75 years of age were offered an annual holistic health check which included a medication review. The practice was responsive to the needs of older people, offering longer appointments and home visits if needed.
- The practice worked closely with other health care professionals such as the district nursing team and palliative care nurses to ensure housebound patients received the care they needed.
- The practice had links with two local residential homes for older people and feedback we received before the inspection indicated that both services were very happy with the standard of care the practice provided to their residents.

People with long term conditions

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

Good



- The practice had a nurse led approach to long term conditions, supported the the GPs.
- There were structured annual reviews in place to check the health and medication needs of patients were being met. The practice made use of the services of a pharmacist who was responsible for reviewing the medication needs of those patients taking 10 or more medicines.
- Longer appointments up to 30 minutes or longer, telephone consultations and home visits were available when needed.
- Staff worked with relevant health and social care professionals to deliver a multidisciplinary package of care. For example a weekly multidisciplinary meeting (MDT) was held with district nursing staff and palliative care nurses to review patients' needs and inform future care planning.
- The percentage of patients on the diabetes register who had a recorded foot examination in the preceding 12 months was 85% which was comparable to other practices nationally.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example children who were looked after or were subject to a child protection plan. Immunisation rates were comparable with other practices for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were treated as individuals. The waiting area had a designated child friendly space where parents and children could wait to be seen in a comfortable environment
- Appointments were available outside of school hours. Breast feeding and baby changing facilities were provided.
- Joint health visitor/GP baby clinics were held weekly at Grange Dene branch site and Valley Medical Centre.
- Data showed that 82% of eligible women had completed a cervical screening test in the preceding five years which was slightly higher than the CCG average and the same as the national average.

Working age people (including those recently retired and students)

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

Good



- The needs of 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 and flexible.
- The practice had extended hours, including pre-bookable late night appointments until 7.15pm at Grange Dene branch site and early morning appointments from 7am on Wednesday at Grange Dene branch site and on Wednesday and Thursday at Valley Medical Centre site.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group for example minor surgical procedures and cervical screening services.

People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including children subject to a child protection plan and those with a learning disability.
- Annual health checks were offered to those patients with a learning disability. Longer appointments were offered to this group of patients.
- The practice received input from the 'Staying Well' project which is designed to help combat loneliness and social isolation.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people.
- The practice provided in-house support to those patients with substance misuse or alcohol problems as part of a shared care arrangement.
- The practice was participating in a local 'Frailty Project' which employed a multidisciplinary approach to identifying and caring for their most frail patients. This was still in the early stages of development and at the time of our visit the practice were not able to provide us with any data relating to outcomes for this project.
- 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.

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).

- 94% of people with schizophrenia or other psychoses had a comprehensive agreed care plan documented in the last 12 months.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Advance care planning was carried out for patients with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was comparable to local and national averages. There were 272 survey forms were distributed and 113 forms were returned. This represents a response rate of 41.5% of forms distributed, and 0.5% of the patient population.

- 78% found it easy to get through to this surgery by phone compared with the CCG and national average of 74%.
- 83% found the receptionists at this surgery helpful compared with the CCG average of 86% and national average of 87%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 88% and national average of 85%.
- 91% said the last appointment they got was convenient compared with the CCG and national averages of 92%.
- 70% described their experience of making an appointment as good compared with the CCG and national average of 73%.

- 77% usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 70% and national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were mostly positive about the standard of care received. They told us they were treated with dignity and respect and they had confidence in the doctors and nurses they saw. Some patients indicated they found it difficult to see their GP of choice.

We spoke with eight patients during the inspection. Most patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. Some commented on the lack of access to appointments at their branch site of choice, or with their preferred GP.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure an annual infection prevention and control (IPC) audit is carried out and any identified actions completed.
- Ensure that patient group directions (PGDs) which allow for the administration of vaccines by qualified nursing staff are in use and are updated regularly.

Outstanding practice

- The practice had received a Gold Standard award for 'Pride in Practice' in recognition of their acknowledgement of the specific needs of their lesbian, gay, bisexual and transgender (LGBT) patients.

Hebden Bridge Group Practice

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 second CQC inspector, a GP specialist advisor, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to Hebden Bridge Group Practice

Hebden Bridge Group Practice provides services to the Hebden Bridge, Mytholmroyd and Luddendenfoot areas of Hebden Bridge. Hebden Bridge is a market town eight miles west of Halifax and Luddendenfoot is a small village four miles south east of Hebden Bridge. Mytholmroyd is a small village just over one mile east of Hebden Bridge. The practice has a patient list of 18864 patients, most of whom are white British. The practice is spread over three sites; Grange Dene Medical Centre in Mytholmroyd, Luddendenfoot Health Centre in Luddendenfoot and Valley Medical Centre in Hebden Bridge. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England. They offer a range of enhanced services such as childhood immunisations and extended opening hours access to appointments.

There are 12 GPs, eight of whom are female and four male. The practice is also staffed by two female nurse practitioners, six practice nurses five of whom are female and one male and two health care assistants (HCA) both female. The clinical team is supported by a Practice

Business Manager, Patient Services Advisors (receptionists) and a team of administrative and secretarial staff. The practice is a training practice which means it supports the specialised training of qualified doctors wishing to become GPs.

The practice catchment area is classed as being within the group of the fourth least deprived areas in England. The age profile of the practice shows a higher percentage of the 40-69 year age group.

Grange Dene Medical Centre is open between 8am and 6.15pm. It has an earlier opening time of 7.15am on Wednesday and a later closing time of 7.15pm on Monday. Luddendenfoot Health Centre is open between 8am and 1pm Monday, Tuesday, Thursday and Friday and is closed Wednesdays. Valley Medical Centre is open between 8am and 6.15pm. It has an early opening time of 7.15am and Wednesday and Thursday. Several clinics run at Grange Dene Medical Centre and Valley Medical Centre each week, including antenatal, well baby clinic, ultrasound, healthy heart Clinic, asthma, diabetes and substance misuse.

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.

Hebden Bridge Medical Centre is registered to provide treatment of disease, disorder or injury, surgical procedures, diagnostic and screening procedures, maternity and midwifery services and family planning from all three sites.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new 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 business manager provided before the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF), national GP patient survey, Friends and Family Test information (FFT) and feedback on NHS choices. In addition we contacted two local nursing homes whose residents were registered at the practice, for their feedback.

We carried out an announced visit on 24 November 2015. We visited Valley Medical Centre, Luddendenfoot Heath Centre and Grange Dene Medical Centre. During our visit we:

- Spoke with a range of staff including three GPs two practice nurses, three members of the administration team, the practice manager and the pharmacist employed by the practice

- We also spoke with a district nurse aligned with the practice, the 'Staying Well' project co-ordinator and the managing director of the company providing cleaning services to the practice.
- In addition we spoke with eight patients three of whom were members of the Patient Participation Group (PPG) and received 11 comment cards. We observed communication and interaction between staff and patients, both face to face and on the telephone. We reviewed the comment cards where patients and members of the public shared their views and experience of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and complete an electronic recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports 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 an incident when a hospital discharge letter had been added to the wrong patient record. As a result procedures were changed to ensure that secondary identifying information was checked on all letters and GPs forwarded all letters to summarisers for additional checking processes before being added to the patient record.

When unintended or unexpected safety incidents occurred, people received reasonable support, truthful information, a verbal and written apology was given and they 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 people safe and safeguarded from abuse, which included:

- Arrangements 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. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3
- Chaperones were available if required. At the time of our visit posters advising patients of this option had been taken down from the walls to allow for re-painting. We

were assured they would be replaced immediately. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. During our visit however we noted that one of the clinical rooms had a noticeable area of damp in one corner. The practice had recognised this and the external cause of water ingress had been rectified, whilst the internal damage was due to be dealt with in the next two weeks following our inspection date. In response to our comments the practice assured us the room would not be used for patient consultations until the necessary repairs had been completed. The practice nurse was the infection control (IPC) clinical lead. At the time of our visit the practice had not completed an IPC risk assessment or audit. A practice specific IPC policy had not been developed and staff had not accessed IPC training. Following our comments during the inspection the practice liaised with the lead nurse for IPC in Calderdale and we were informed that the practice would adopt the current CCG wide IPC policies. An audit was planned for January 2016. The practice IPC lead would continue to access support from the local infection prevention teams to keep up to date with best practice. All staff were due to access online training within three months of the inspection date.
- The arrangements for managing medicines, including emergency drugs and vaccinations were appropriate. However at the time of our visit we noticed that one of the vaccine fridges was overstocked, with some vaccines being stored in the bottom drawer of the fridge. Another vaccine fridge also contained some patient swabs and other specimens. Public Health England practice guidelines for vaccination fridges indicate that they should not be used for multi purpose storage, that they should not be overfilled and that vaccines should not be stored in the bottom drawer of fridges. We pointed this out to the practice and they assured us they would rearrange their vaccine storage immediately. On the day following our inspection we received confirmation from the practice that this had been completed. There was a system for checking vaccine fridge temperatures at all three sites but the fridges at the two branch sites were checked and logged on alternate days only. All the temperature logs we saw evidenced that the fridges had

Are services safe?

maintained appropriate temperatures for vaccine storage and staff gave clear accurate descriptions of what to do in the event of the cold chain being broken. However best practice guidance suggests that fridge temperatures should be checked and logged daily. As a result of our feedback the practice informed us they had changed their procedures to ensure that fridges at all sites were checked and logged daily by a registered nurse. The practice carried out regular medicines audits, with the support of the pharmacist employed by the practice, 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. At the time of our inspection we noticed that Patient Group Directions (PGDs) had not been completed for each registered nurse and signed by a GP, as per medicines management guidelines; but this was immediately addressed and the PGDs were appropriately updated before we left the premises. PGDs are documents which allow nurses to administer medicines to a group of patients, for example childhood vaccinations, without the need for an individual prescription, in line with legislation. We saw evidence that the practice had a system for production of Patient Specific Directions (PSDs) to enable Health Care Assistants (HCAs) to administer vaccinations. PSDs are documents which are patient specific and authorised by a GP to allow HCAs to administer certain vaccinations to an individual patient.

- We reviewed four personnel files and found that 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.

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. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff skills 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.
- 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 97.9% of the total number of points available, with 12.2% exception reporting. Exception reporting rates allows for patients who do not attend for reviews or where certain medicines cannot be prescribed due to a side effect, to be excluded from the figures collected for QOF. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 93% which was higher than the CCG and national averages.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was higher than the CCG and national averages.
- Performance for mental health related indicators was 100% which was higher than the CCG and national averages.
- Performance for dementia related indicators was 92% which was higher than CCG and national averages.

Clinical audits demonstrated quality improvement.

- There had been several clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included standardising investigation and treatment options for patients experiencing a urinary tract infection (UTI)

Information about patients' outcomes was used to make improvements such as changing the assessment tool for the identification of atrial fibrillation (a heart condition) to make early identification of the condition easier.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, information governance, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff took place, for example for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Not all staff had had an appraisal within the last 12 months but dates for appraisals had been set for all staff.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. The practice had recently purchased an online training database which enabled

Are services effective?

(for example, treatment is effective)

staff to access and make use of e-learning training modules. All staff were able to attend in house training sessions on subjects relevant to their role during their protected learning time events held monthly.

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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, such as when they were referred, or after they were discharged from hospital. We saw evidence that multidisciplinary team meetings took place on a weekly 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. Where a patient's mental capacity to provide consent was unclear the GP or nurse assessed this, and where appropriate recorded the outcome of the assessment. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance such as Gillick competency. This is used in medical law to decide whether a child is able to consent to his or her own treatment without the need for parental permission or knowledge.

- 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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, smoking, alcohol cessation or substance misuse. The practice participated in a shared care arrangement for helping people with alcohol or substance misuse problems and were able to see patients out of area for this service.
- The practice received support from the 'Staying Well' project which offered additional support to lonely or socially isolated people by encouraging their involvement in a range of local activities such as learning and social opportunities.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer written 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 96% and five year olds from 89% to 95%. Flu vaccination rates for the over 65s were 69%, and at risk groups 48%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74 years.
Appropriate follow-ups on the outcomes of health
assessments and checks were made where abnormalities
or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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.
- Some of the chairs in the waiting areas had raised seats and arm rests to assist those patients with mobility problems.
- All incoming calls from patients were taken at a central point at Grange Dene Medical Centre which was in a private area to ensure confidentiality.

Most of the 11 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However some patients raised some difficulties with respect to accessing all services at a branch site convenient for them or obtaining an appointment with the GP of their choice.

We also spoke with three members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Concerns raised by the PPG related to difficulties accessing an appointment with a preferred GP, although they acknowledged that care and treatment by the GPs was good. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 91% said the GP was good at listening to them compared to the CCG and national average of 89%
- 92% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%
- 97% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%
- 83% said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%

Care planning and involvement in decisions about care and treatment

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

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

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 81%

Are services caring?

Only a small number of patients did not have English as a first language but staff told us telephone interpreting services were available when needed.

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 participated in the Calderdale Carers' Project which enabled carers to register with their

service and gain access to information about support available locally. The project was also able to provide temporary support for up to 48 hours should the carer be unable to fulfil their caring responsibilities for a short time. This organisation also produced a regular newsletter providing themed articles and information.

Staff told us that if families had experienced bereavement, their usual GP would assess the situation and take any action deemed appropriate to the family's needs. A notice board was used in reception to ensure that all staff were updated as to recent deaths amongst patients

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 the practice had recognised that a significant percentage of their practice population were from the lesbian, gay, bisexual and transgender (LGBT) community and they had applied for and been awarded a Gold Standard award under the 'Pride in Practice' scheme in recognition of the work the practice had done to increase accessibility for this group of people.

- The practice offered access to GP, nurse, health visitor and midwife appointments at all three sites on different days and at different times to increase accessibility.
- There were longer appointments available for people with a learning disability.
- Home visits were available for housebound patients.
- Same day appointments were available for those with urgent medical need.
- The practice had good disabled access. Lifts were available at Valley Medical Centre and a number of seats with arm rests were available in the waiting areas of all three sites for those patients with mobility difficulties.
- The practice accommodated a number of additional services on site including physiotherapy, ultrasound screening, hearing aid services and counselling.
- We were given examples of individualised responses to patient need, for example they maintained email contact with a patient who moved around the country and found it difficult to collect a repeat prescription locally. This arrangement enabled the prescription to be sent to a pharmacy close to the patient's location at the time the prescription was needed.
- The practice had been awarded a Gold Standard award for their acknowledgement of the needs of their lesbian, gay, bisexual and transgender (LGBT) patients. This meant the practice staff had received additional training in understanding the needs of this group of patients.

Access to the service

Appointments were available between 8am and 6.15pm at Valley Medical Centre on Monday Wednesday and Friday, and from 7.15 am to 6.15pm on Tuesday and Thursday.

Appointments at Grange Dene Medical Centre were available between 8am and 6.15pm on Tuesday, Thursday and Friday and from 8am to 7.15pm on Monday. On Wednesday appointments were available from 7.15am to 6.15pm. Luddendenfoot Health Centre had appointments between 8am to 12 noon Monday, Tuesday, Thursday and Friday. Luddendenfoot was closed on Wednesday. Appointments could be booked at all sites four to five weeks in advance. Urgent appointments were available on the day either by telephone or face to face. All appointments were 15 minutes long as standard and could be extended to 30 minutes or longer at the discretion of the clinician

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 78% patients said they could get through easily to the surgery by phone compared to the CCG and national average of 74%
- 70% patients described their experience of making an appointment as good compared to the CCG and national average of 73%
- 77% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70% and national average of 65%

Listening and learning from concerns and complaints

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

- It had a 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.
- We saw that information was available to help patients understand the complaints system. An electronic screen in the patient waiting area gave details of how to make a complaint and the reception staff held leaflets providing information and guidance as to how to make a complaint.

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

We looked at 13 complaints received in the last 12 months and found they were satisfactorily dealt with, and were handled in a transparent and open way. 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 had complained that she was unable to get her

elderly relative into the surgery as the practice did not have a wheelchair . As a result the practice had purchased two wheelchairs to be used at their two main sites Valley Medical Centre and Grange Dene Medical Centre for this purpose.

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. All staff we spoke with told us they understood the practice values to be able to provide the best care possible to all their patients. Staff spoke enthusiastically about working at the practice and they told us they felt part of a friendly supportive team.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit was in place which is used to monitor quality and to make improvements
- Patient feedback was proactively sought and patients were engaged in the delivery of the service. The practice acted on concerns raised by patients or staff
- The GPs were all supported to address their professional development needs for revalidation and all staff had their learning needs identified through a system of appraisals and one to ones.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners are visible in the practice and staff told us that they were approachable and always take 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.

- Staff told us that the practice held regular team meetings within their own staff group. Improvement could be made by introducing meetings to include all staff groups to aid communication and dissemination of practice issues as they arose.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and they would feel confident in doing so and would feel supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and the management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the leadership team 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example following feedback from patients that they found accessing the practice by telephone may be too costly for patients the practice approached their systems suppliers who were able to replace the old 0845 number with a local dialling code to reduce the cost of calls to the practice. In addition they had responded to patient feedback about the difficulty in getting appointments with the GP and had introduced a comprehensive telephone triage procedure which allowed the GPs to make contact with

Are services well-led?

Good 

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

large numbers of patients on a daily basis and make an assessment as to whether they could be given advice over the phone or whether they needed a face to face appointment. This had improved patient satisfaction with regards to access to medical advice.

Continuous improvement

- There was a strong 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 for example the practice had received a Gold Standard award for “Pride in Practice” in recognition of their acknowledgement of the needs of their lesbian, gay, bisexual and transgender (LGBT) patients

- The practice was participating in a local ‘Frailty Project’ which employed a multidisciplinary approach to identifying and caring for their most frail patients.