

# The Paddock Surgery

## 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?

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 The Paddock Surgery on 8 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

### We saw one area of outstanding practice:

- The GP partners offered a small scale acupuncture service for patients with musculoskeletal complaints.

# Summary of findings

An evaluation of this service showed that 74% of respondents said the treatment was very or fairly effective and 52% of patients felt able to reduce their medication as a result of the treatment.

## **The areas where the provider should make improvement are:**

- Review the arrangements for the storage and checking of emergency equipment and medicines.

- Consider expanding incident and significant event reporting to include near misses and minor administrative errors.
- Review how they label clinical waste bags in line with current legislation and guidance.

## **Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- 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.
- Six monthly infection prevention and control audits were undertaken and the practice manager carried out and documented weekly cleanliness checks.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The practice also had a prevent policy and lead clinician to support the prevention of vulnerable patients from radicalisation.
- Risks to patients were assessed and well managed. The practice had up to date risk assessments and carried out regular fire drills.
- The practice reviewed the availability of masks for the oxygen tank in response to a significant event and obtained different sizes. We observed that some were not in packaging and these were poorly organised which could result in a delay identifying the correct mask to use in an emergency. Staff told us they would review the storage of masks.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance. The practice monitored that these guidelines were followed through risk assessments and audits.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- The practice used locum GPs to ensure continuity of services for patients and ensured a female GP was available when the female GP partner was away.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had developed a protocol for the prescribing of nutritional drinks for high risk individuals which followed agreed pathways for managing adult nutrition in the community.
- Quarterly meetings were held with the manager of a local nursing home where a number of patients resided. The practice engaged with care homes to ensure that acute care was provided and long term conditions were managed effectively.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 100% 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%.
- Many of the staff had worked at the practice for a long period of time and knew their patients well.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information was well organised around the practice. Staff had created notice boards which were themed and clearly signed. Up to date information was clearly displayed and easy to find leaflets were available in braille and easy read format.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Written information was clearly displayed to direct carers to the various avenues of support available to them.
- The practice was registered with the Kirklees 'safe places' scheme. This scheme is in place to help vulnerable people from getting lost or disorientated when they go out.
- Staff told us that translation and interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. A member of staff was also trained to communicate in sign language.

**Good**



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, in-house spirometry, 24 hour blood pressure monitoring and minor surgery.
- The phlebotomy service was also open to patients who were registered at other local practices.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The national GP survey showed that 95% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- The surgery operated a walk-in session each morning between the hours of 8.30am and 10.30am where patients were guaranteed to see a GP. Feedback from patients was positive about this service.
- The GP partners offered a small scale acupuncture service for patients with musculoskeletal complaints. An evaluation of this service showed that 74% of respondents said the treatment was very or fairly effective and 52% of patients felt able to reduce their medication as a result of the treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- A new GP partner had joined the practice in April 2016 and the practice were in the process of becoming a training practice for GPs. There were plans to further expand the clinical team.
- The GPs and practice manager attended CCG organised meetings and GP cluster group meetings in Dewsbury and Thornhill to discuss and share best practice.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Members of staff were encouraged to undertake additional training and expand their role. For example, the phlebotomist and healthcare assistant were members of the reception team who had received additional training to enable them to carry out the roles.
- 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. There was a virtual patient participation group, which was active. We were informed that the practice were intending to have face to face PPG meetings. An initial meeting had been well attended and another was planned for September 2016.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- Staff worked together and with other community healthcare services. They 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.
- Abdominal aortic aneurysm (AAA) screening services were hosted by the practice for men over the age of 65. AAA is a way of detecting a dangerous swelling (aneurysm) of the aorta, the main blood vessel that runs from the heart.
- The practice offered influenza, pneumococcal and shingles vaccinations to older patients.
- Annual health checks were offered to patients aged 75 and over who had no pre-existing conditions.
- Quarterly meetings were held with the manager of a local nursing home where a number of patients resided. The practice engaged with care homes to ensure that acute care was provided and long term conditions were managed effectively.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Uptake rates were higher than the local and national averages. For example, 61% of patients aged 60 to 69 were screened for bowel cancer in the preceding 30 months (CCG average 55%, national average 58%).

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Where appropriate, patients were referred to the community matron, diabetic, respiratory and heart failure specialist nurses to provide care closer to home.
- The GPs and nurses initiated diabetic treatment. Seventy nine percent of patients with diabetes had a record of a foot examination and risk classification in the preceding 12 months (CCG average 89%, national average 88%).



# Summary of findings

- Nursing staff showed us how they provided patients with long term conditions, such as diabetes, the results of checks, care planning information and encouraged them to set health goals.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice maintained a register of patients at risk of unplanned hospital admission. Staff worked with community healthcare services to plan care. Patients were contacted after hospital discharge to check on their wellbeing and address ongoing needs.
- Clinical staff carried out urgent home visits and annual reviews for housebound patients as required.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Staff and patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 77%, which was below the CCG and national average of 82%.
- Priority access was offered to all young children who were ill. Appointments were available outside of school hours and the premises were suitable for children and babies.
- Antenatal clinics were held weekly and GPs carried out 6 to 8 week checks for babies. Mothers of all new-borns were sent a welcome pack which included registration forms.
- The practice provided sexual health advice and contraceptive services which included the fitting and removal of contraceptive implants. Patients were also signposted to the local contraception and sexual health clinic where appropriate.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



# Summary of findings

- There was a range of information for families and young children displayed in the waiting area.

## **Working age people (including those recently retired and students)**

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

- The practice offered early appointments where possible for working patients who could not attend during normal opening hours.
- 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 as well as a full range of health promotion and screening that reflects the needs for this age group.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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 practice was registered with the Kirklees 'safe places' scheme. This scheme is in place to help vulnerable people from getting lost or disorientated when they go out.
- Written information was clearly displayed to direct carers to the various avenues of support available to them.

**Good**



# Summary of findings

## 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 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 83%.
- Data showed that 97% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months (CCG average 89%, national average 88%).
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- 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 received dementia friends training. Two members of staff were identified as dementia champions and had received additional dementia training for this role.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The most recent national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. A total of 272 survey forms were distributed and 114 were returned giving a response rate of 42% (national average 38%). This represented 2% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 81% 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 82% and the national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 85% 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 74% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 19 comment cards which were all positive about the standard of care received. Comments included that patients appreciated that they could always see a doctor the same day if necessary during the open hours access session. Several patients commented that they always felt listened to and never felt rushed. Others gave examples of support they had received from the practice during times of illness, including home visits which they had found easy to arrange.

We spoke with seven patients during the inspection. Three patients told us they thought the service was excellent. They all said they were satisfied with the care they received and thought staff were approachable, committed and caring. Six patients knew about the patient participation group (two were members) and five patients had contributed to the practice patient survey or completed a suggestion slip.

The results of the NHS Friends and Family test for the preceding 12 months showed that of 195 respondents, 94% (183) were extremely likely to likely to recommend the practice to a friend or family member.

## Areas for improvement

### Action the service **SHOULD** take to improve

#### The areas where the provider should make improvement are:

- Review the arrangements for the storage and checking of emergency equipment and medicines.
- Consider expanding incident and significant event reporting to include near misses and minor administrative errors.
- Review how they label clinical waste bags in line with current legislation and guidance.

## Outstanding practice

### We saw one area of outstanding practice:

- The GP partners offered a small scale acupuncture service for patients with musculoskeletal complaints.

An evaluation of this service showed that 74% of respondents said the treatment was very or fairly effective and 52% of patients felt able to reduce their medication as a result of the treatment.

# The Paddock Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Paddock Surgery

The Paddock Surgery provides primary medical services to 5,718 patients, whose catchment area includes Thornhill, Thornhill Lees, Saville Town, Whitley, Bristfield and Middlestown, under a General Medical Services (GMS) contract with NHS England. The practice is a member of the North Kirklees Clinical Commissioning Group and the Dewsbury and Thornhill cluster group of GP practices.

- The practice is located in modern purpose built single storey premises at Chapel Lane, Thornhill, Dewsbury, WF12 0DH close to Thornhill Lees primary school. There is disabled access and a large public car park next to the premises.
- There are three GP partners (two male and one female), a female practice nurse, a female healthcare assistant and a female phlebotomist. The clinical team is supported by a practice manager and a team of administrative staff.
- The practice is open between 8.30am and 6.30pm Monday to Friday. The surgery operates a walk-in session each morning between the hours of 8.30am and 10.30am where patients can be guaranteed to see a GP.

Routine appointments are available:

- Monday to Friday from 4pm until 6pm with the doctors

- Monday to Friday from 8.40am until 6pm with the nurse and health care assistant.
- Tuesday to Friday from 8.40am until 1.30pm with the Phlebotomist
- Telephone consultations are also available every day after the doctors have finished morning surgery.
- When the practice is closed calls are transferred to the NHS 111 service who will triage the call and pass the details to Local Care Direct who is the out-of-hours provider for North Kirklees. This includes from 8am and 8.30am and 6pm to 6.30pm.

The area is on fourth decile on the scale of deprivation. Data showed that 7% of patients are from black, minority ethnic populations.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and North Kirklees CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework

## Detailed findings

(QOF) and the latest national GP patient survey results (July 2016). QOF is a voluntary incentive scheme for GP practices in the UK, which financially rewards practices for the management of some of the most common long term conditions. We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, healthcare assistant and administrative staff and spoke with patients who used the service.
- Reviewed questionnaire sheets which were given to administration staff prior to inspection.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available in the reception office and on the practice's computer system. We noted that near misses and minor administrative errors were not recorded on the incident log. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and fed into the CCG quality issues log.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, concerns were raised with the community pharmacy team in response to medication being dispensed from a local pharmacy to a patient without a prescription. This event also led to the development of a specific form to be used when repeat prescriptions of high risk drugs were requested. The practice manager showed us how they received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). (The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). We saw evidence that all alerts were shared throughout the practice and actioned accordingly. For example, a recent alert relating to home visits led to the development of a proforma for reception staff to record key details when patients phoned to request home visits.

### 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, local action flowcharts and local safeguarding newsletters were clearly accessible to all staff on dedicated safeguarding noticeboards and on the computer system. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs were not often able to attend safeguarding meetings but they received the meeting minutes and regularly discussed concerns with the local safeguarding lead nurse. They always provided reports where necessary for other agencies. 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, the practice nurse and healthcare assistant were trained to level two and administrative staff were trained to level one. The practice also had a prevent policy and lead clinician to support the prevention of vulnerable patients from radicalisation.
- Notices in the waiting room and outside consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. New members of staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). There were several long standing members of staff, the practice had risk assessed whether these members of staff should receive a DBS check and developed chaperoning procedures. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. It was recorded in the patient's record when a chaperone had been in attendance or refused.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse and practice manager were joint infection prevention and control



## Are services safe?

(IPC) leads who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Six monthly infection prevention and control audits were undertaken and the practice manager also carried out and documented weekly cleanliness checks.

- The practice displayed information for staff to ensure that clinical waste was segregated and stored appropriately. However, bags were not labelled to identify the source of the waste in line with guidance (Health Technical Memorandum 07-01: Safe management of healthcare waste). The practice manager gave assurance that clinical waste bags would be labelled appropriately in the future.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed three personnel files, including one for a recent recruited member of staff, and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The staff records we reviewed with the practice manager provided evidence to support that relevant staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. Members of staff new to healthcare had received the required checks in line with guidance (The Green Book,

chapter 12, Immunisation for healthcare and laboratory staff). The Green Book is a document published by the government that has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. There was a dedicated health and safety notice board in the reception office which included fire safety and infection prevention and control information. The practice had up to date fire risk assessments and carried out regular fire drills. The last fire risk assessment highlighted that assembly point notices were missing and these were replaced. There was an Electrical Installation Condition Report which showed the fixed electrical systems of the property were satisfactory. The practice had acted upon recommendations from the report. For example, replacing lights in the reception office and further improvements were planned. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and this was displayed in the office.

### Arrangements to deal with emergencies and major incidents

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



## Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff also had an agreed safety word to be used if a GP felt at risk in a patient's home.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. The practice reviewed the availability of masks for the oxygen tank in response to a significant event and obtained different sizes. We observed that some were not in packaging and these were poorly organised which could result in a delay identifying the correct mask to use in an emergency. Staff told us they would review the storage of masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Staff told us there was a system for checking the medicines and expiry dates. However, not all of the medicines we checked were in date. The aspirin and a syringe were out of date; these were removed during the inspection and replacements ordered.
- 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, NICE guidance for anti-depressant treatment in adults prompted the practice to identify and review patients taking dosulepin. Dosulepin is an anti-depressant medicine.
- Patients at risk of unplanned hospital admission were identified on the clinical system and prioritised for same day appointments.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 92% of the total number of points available with 6% exception reporting (CCG and national average 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 2014/15 showed:

- Performance for diabetes related indicators was lower than the national average. For example, 79% of patients with diabetes had a record of a foot examination and

risk classification in the preceding 12 months (CCG average 89%, national average 88%). The GPs and nurses initiated diabetic treatment and provided patients with care plans.

- Performance for mental health related indicators was better than the national average. Data showed 97% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months (CCG average 89%, national average 88%). Exception rates were higher than local and national averages (33% compared with 11% and 13% respectively). The practice had an action plan to improve attendance for review by contacting patients by phone and offering an appointment with their GP of choice.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators was similar to the national average. For example, 86% of patients with COPD had their diagnosis confirmed by post bronchodilator spirometry. The practice offered an in-house spirometry service.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of patients taking dosulepin, which is an anti-depressant medicine. Twelve patients had been identified and invited to attend for reviews. Two patients were supported to stop their medication and one had reduced their dose as a result of these interventions.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice used locum GPs to ensure continuity of services for patients and ensured a female GP was

# Are services effective?

## (for example, treatment is effective)

available when the female GP partner was away. A locum GP told us they were well supported and the induction they received was comprehensive and the best one they had received.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, providing smoking cessation advice and phlebotomy.
- 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 online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. For example, the healthcare assistant was due to attend a course on wound management. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation 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. Staff had access to and made use of e-learning training modules, CCG organised protected events and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

- Quarterly meetings were held with the manager of a local nursing home where a number of patients resided. The practice engaged with care homes to ensure that acute care was provided and long term conditions were managed effectively.

Staff worked together and with other health and social care professionals including health visitors, district nurses and the community matron 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, 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. The practice also hosted a midwifery run clinic one day a week.

### 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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Patients were referred as appropriate or encouraged to self-refer to the local Improving Access to Psychological Therapies (IAPT) team.

# Are services effective?

(for example, treatment is effective)

- Nursing staff showed us how they provided patients with long term conditions such as diabetes the results of their checks, care planning information and encouraged them to set health goals.
- Smoking cessation advice was available from a practice nurse or healthcare assistant. Data showed that 82% of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months (national average 87%).
- Clinical staff carried out alcohol intervention advice. They used AUDIT-C which is a recognised screening tool that can help identify persons who are hazardous drinkers or have active alcohol use disorders. Data showed that during 2015/16, 576 patients were screened of which 107 received structured advice to reduce their alcohol consumption. Staff worked with local support services to support patients with drug and alcohol dependency.
- The practice developed a protocol for the prescription of nutritional drinks for high risk individuals which followed agreed pathways for managing adult nutrition in the community.

The practice's uptake for the cervical screening programme was 77%, which was below the CCG and national average of 82%. The practice sought to increase this by sending invitations directly from the practice as well as the centralised letters that patients received. There was a policy to offer telephone reminders for patients who did

not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Uptake rates were higher than the local and national averages. For example, 61% of patients aged 60 to 69 were screened for bowel cancer in the preceding 30 months (CCG average 55%, national average 58%).

Childhood immunisations were carried out by the practice nurse. Immunisation rates for the vaccinations given were comparable to the national average of 94%. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% and five year olds from 93% 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.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

Many of the staff had worked at the practice for a long period of time and knew their patients well. We observed they were courteous and very helpful to patients and treated them with dignity and respect. Staff told us that they were always willing to help patients. For example, they had delivered medicine when patients had been unable to collect it and the practice had paid for taxis for patients in times of need.

- 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.
- The practice was breastfeeding friendly and a private room was available if required.
- The practice was registered with the Kirklees 'safe places' scheme. This scheme is in place to help vulnerable people from getting lost or disorientated when they go out.
- Staff had received dementia friends training. Two members of staff were identified as dementia champions and had received additional dementia training for this role.

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments included that patients appreciated that they could always see a doctor the same day if necessary during the open hours access session. Several patients commented that they always felt listened to and never felt rushed. Others gave examples of support they had received from the practice during times of illness, including home visits which they had found easy to arrange.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and

privacy was respected. One of the members of the PPG told us how they had received support from the practice and had completed additional training for their role as a medic. 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 GPs and nurses. Feedback from patients on the day of the inspection aligned with these results.

For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 100% 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%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

The practice had carried out its own patient satisfaction survey in 2015. The results showed that 97% of 275 respondents would recommend the practice to someone new to the area. They had created an action plan to improve the information available to patients which led to the new themed information boards and an increase in the number of staff who answered incoming telephone calls. Prior to the inspection they had invited volunteers from Healthwatch Kirklees to speak to patients about their satisfaction with the service. Patients had responded positively and rated the practice highly.

### Care planning and involvement in decisions about care and treatment

## Are services caring?

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above 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 85% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 97% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

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

- Staff told us that translation and interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. A member of staff was also trained to communicate in sign language.

- Information was well organised around the practice. Staff had created notice boards which were themed and clearly signed. Up to date information was clearly displayed and easy to find, some of the leaflets were available in braille and easy read format.

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 30 patients as carers (less than 1% of the practice list). The practice recently invited a local carer support organisation into the practice to speak to staff during a protected learning time session to improve the identification and support of carers. Two members of staff were identified as a carer's champion and a notice board for carers was created in the waiting area. We saw that a representative of a local carer support organisation was booked to attend the flu clinics to speak to patients and their carers. Written information was clearly displayed to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them. Staff recorded all deaths and ensured that other agencies involved in their care were informed. Consultations were available at a flexible time and location to meet the family's needs. Information was available to patients on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice offered services in line with the CCG 'care closer to home' policy. For example, in-house spirometry, 24 hour blood pressure monitoring and minor surgery. The phlebotomy service was also open to patients who were registered at other local practices. The GP partners also offered acupuncture services for patients with musculoskeletal complaints.

- The practice offered early appointments where possible for working patients who could not attend during normal opening hours.
- The practice provided sexual health advice and contraceptive services which included the fitting and removal of contraceptive implants. Patients were also signposted to the local contraception and sexual health clinic where appropriate.
- A 24 hour blood pressure monitoring service was available. The practice had evaluated the service. In 2014/15, 98 patients had used the monitors of whom 27 agreed lifestyle changes and a further six patients had medication changed. The evaluation highlighted that some patients found the monitoring cuff uncomfortable; the practice provided alternative hand held devices for patients who could not tolerate the regular monitors.
- The practice carried out minor surgery, evaluation of the service by clinician showed that patient satisfaction for the service was high.
- The GP partners offered a small scale acupuncture service for patients with musculoskeletal complaints. An evaluation of this service showed that 74% of respondents said the treatment was very or fairly effective and 52% of patients felt able to reduce their medication as a result of the treatment.
- There were longer appointments available for patients with a learning disability and anyone who requested one.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

- The practice offered open access appointments every weekday morning. 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.
- There were disabled facilities, a hearing loop and interpretation services including for patients with a hearing impairment available.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. The surgery operated a walk in session each morning between the hours of 8.30am and 10.30am where patients were guaranteed of seeing a GP. Feedback from patients was positive about this service.

Routine appointments were available:

- Monday to Friday from 4pm until 6pm with the doctors
- Monday to Friday from 8.40am until 6pm with the nurse and health care assistant.
- Tuesday to Friday from 8.40am until 1.30pm with the Phlebotomist

Telephone consultations were also available every day after the doctors finished morning surgery and pre-bookable evening appointments were available by prior arrangement.

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

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 78%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. New patients were provided with a new patient registration pack welcoming them to the practice which included a guide to the staff and services.

# Are services responsive to people's needs?

(for example, to feedback?)

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.

Patients who required a home visit were asked to phone the surgery before 10am. Reception staff used a home visit template to ensure that the correct information was obtained from the patient or their carer. Clinical staff spoke to the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. The GPs undertook non-urgent home visits from 1.30pm onwards. Urgent home visit requests were accepted throughout the day during normal surgery hours and a GP attended as soon as was possible. 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. We received feedback from a patient who had needed several home visits, who stated that they had been easy to arrange.

## **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.
- We saw that information was available to help patients understand the complaints system in the waiting area and on the practice website.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. Staff told us that complaints were acknowledged within two working days and they aimed to provide a full written reply within 10 days. For example, a member of staff investigated the availability of home sharps containers in response to a complaint. They obtained a more suitable container and proactively contacted other patients with sharps bins at home to offer them the same container. We saw feedback from the complainant that they were very happy with the outcome and efforts made by the practice to resolve the complaint.



# 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 vision to ensure those visiting the surgery received high quality personal care by developing and maintaining GPs and healthcare professionals who were receptive to patient's needs and expectations and who, where feasible, followed the latest developments in primary health care. Staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- A new GP partner had joined the practice in April 2016 and the practice were in the process of becoming a training practice for GPs. There were plans to further expand the clinical team.
- The GPs and practice manager attended CCG organised meetings and GP cluster group meetings in Dewsbury and Thornhill to discuss and share best practice.

### 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, regularly reviewed and were available to all staff. Policies and procedures were uploaded as included as part of online training modules for staff.
- A comprehensive understanding of the performance of the practice was maintained and action plans were used to improve performance and outcomes.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The 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 and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held team meetings but these were not as regular as they would like.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff were involved in discussions about how to run and develop the practice, and members of staff were encouraged to identify opportunities to improve the service delivered by the practice. Members of staff were encouraged to undertake additional training and expand their role. For example, the phlebotomist and healthcare assistant were members of the reception team who had both received additional training for their roles.

### 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.

# 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 patients through the virtual patient participation group (PPG) and through surveys and complaints received. The members of the PPG communicated regularly via email and when they attended the practice as individuals. They discussed proposals for improvements to the practice management team. For example, the availability of appointments and car parking arrangements. We were informed that the practice were intending to have face to face PPG meetings. An initial meeting had been well attended and another was planned for September 2016.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

management. Staff told us they sometimes felt involved and engaged to improve how the practice was run. Staff said that sometimes everyone was so busy it was hard to find time to support each other. They said they would appreciate more staff meetings to ensure that time was allowed to discuss concerns and identify actions.

## 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 sought to expand the clinical team to improve services for patients and were in the process of becoming a training practice for GPs.