

# Dr Shamsee, Ward and Associates

## 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	Outstanding	
Are services safe?	Outstanding	
Are services effective?	Good	
Are services caring?	Outstanding	
Are services responsive to people's needs?	Outstanding	
Are services well-led?	Outstanding	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Shamsee, Ward and Associates on 20 October 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Feedback from patients about their care was consistently highly positive and every aspect of the national GP patient survey was higher than local and national averages. For example, 99% of patients said they would recommend this GP practice to someone who had just moved to the local area
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, in providing enhanced training to nurses to enable them to undertake complex dressings in-house.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example by providing additional training to reception staff and the introduction of nurse led triage services to improve the overall telephone experience for patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The provider was aware of and complied with the requirements of the duty of candour. This was shown through a clear policy statement and regular reference to duty of candour issues at operational meetings that reviewed complaints and significant events. Openness was a highly valued part of the provider's ethos.

We saw several areas of outstanding practice including:

# Summary of findings

- The practice used every opportunity to learn from internal and external incidents, to support improvement. The practice produced a comprehensive annual report which it publicised, sharing learning and actions across the whole team and the patient group. Where applicable the practice shared learning across the wider health network.
- The provider maintained the highest standards in relation to Infection Prevention and Control (IPC) and published an annual statement of compliance within the practice, notifying the patient population of any infection control incidents that had occurred.
- We saw that learning from complaints was embedded into the practice ethos with all team members engaged in reviewing and learning from complaints on a monthly basis. Learning was shared between the providers' two locations in order to maximise opportunities for reflection. Complaints were anonymised and published at the location to both encourage patients to offer their feedback, feel encouraged to make a complaint and see evidence of the provider's engagement.

**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 outstanding for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation. Significant events were coded to triage the most appropriate response and learning was shared across the whole team and with the provider's other GP practice. The practice produced a comprehensive report and where applicable the practice shared learning across the wider health network.
- Information about safety was highly valued and was used to promote learning and improvement.
- The provider maintained the highest standards in relation to Infection Prevention and Control (IPC) and published an annual statement of compliance within the practice, notifying the patient population of any infection control incidents that had occurred.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- The provider had a daily safety meeting, called a 'huddle'. This was an opportunity for all clinicians and the duty manager to meet and review any issues of concern that had occurred during the morning clinics. This would include any clinical issues of note, staffing needs and operational priorities for the remainder of the day.
- The practice had a wide range of emergency drug packs, tailored for different types of emergency. For example; drugs commonly required for the treatment of a diabetic emergency were stored in a single use sealed wallet. Similar packs were available for anaphylaxis, drug overdose, pain, stroke, psychiatric care and other conditions. These could be selected for use on home visits. Their use was monitored and they could be quickly replaced once used.

Outstanding



### Are services effective?

The practice is rated as good for providing effective services.

Good



# Summary of findings

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes for all indicators were at or above average compared to the national average.
- Staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review and accreditation were proactively pursued in conjunction with their partner location; Drs Shamsee, Ward and Wilding.
- Clinical audits demonstrated quality improvement.
- The provider undertook quarterly audits of medical procedure competency. This included the insertion and removal of contraceptive devices and joint injections. All procedures were reviewed to check for any post procedure pain, infection or other complication.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as outstanding for providing caring services. Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care.

- 97% of patients described the overall experience of this GP practice as good compared to the local average of 87% and the national average of 85%.
- 99% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 81% and the national average of 78%.

Feedback from patients about their care and treatment was consistently positive. Patients said that staff went the extra mile and the care they received exceeded their expectations. The practice ethos of 'every patient is our only patient' was highly apparent in the comments we received.

We observed a strong patient-centred culture:

**Outstanding**



# Summary of findings

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, a patient with a serious diagnosis was provided with specialised care for a year, usually only available in hospital. This involved the nurse practitioner accessing enhanced training to provide support and providing early morning access for the patient to minimise disruption to their daily life.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. For example, patients attending minor surgery clinics were consulted on their patient experience. Their responses showed that patients felt respected and well treated. Patients said that they were kept well informed and that clinics ran on time. Patients also told us that they valued having additional services, including consultant led clinics, available at their local surgery.
- Views of external stakeholders were very positive and aligned with our findings.
- We saw strong, caring and supportive relationships between staff and patients and patients' emotional and social needs were seen as important as their physical needs. For example, following discussions with their patient group a 'Community Corner' was established within the waiting area. A local voluntary group were approached and as a result a foodbank collection point was established at the practice to assist those in need.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, integrated patient care was provided through a range of consultant led clinics offered by the provider which gave direct access to secondary care services within a primary care location. Services included referral to urology, ear, nose & throat (ENT), orthopaedics and hand surgery.
- A monthly dementia café was run from the practice in partnership with a multidisciplinary team for people concerned about or experiencing dementia and their carers. This service was offered to all local people, irrespective of whether they were registered with the provider.

Outstanding



# Summary of findings

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the patient survey identified that improvements could be made to improve telephone and digital access. An audit was undertaken and as a result additional training was given to reception staff and following specialised training, telephone triage training was developed for nurse practitioners to support the effective use of patient telephone contact.
- Patients could access appointments and services in a way and at a time that suited them. This included access to Saturday morning and Bank Holiday Monday services that were offered in addition to contractual obligations. In addition, the practice introduced an online consultation service for non-urgent conditions that allowed adult patients to seek advice via a web form and where appropriate receive an email reply or telephone call back within one working day.
- The practice had good facilities that were welcoming with a range of daily newspapers on offer and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders. People who use services were involved in the review. This included shared learning with the provider's other GP practice and learning from complaints was publicised across the provider in both reception and on the website.

## Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- Leaders had an inspiring shared purpose, striving to deliver and motivate staff to succeed.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.

**Outstanding**



# Summary of findings

- Rigorous and constructive challenge from people who use services, the public and stakeholders was welcomed and seen as a vital way of holding the practice to account.
- The practice gathered feedback from patients via surveys and the Friends and Family Test and it had a very engaged patient participation group which influenced practice development.
- The partners and practice management team had a highly developed reflective approach to clinical outcomes and improving the overall patient experience. This was particularly evident in the approach to learning from significant events and innovation in patient consultations.



# 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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent and extended appointments for those with enhanced needs.
- A proactive weekly visit took place to a local care home to review patient needs.
- Nursing staff had additional skills in managing complex dressings in-house reducing the need for patients to attend secondary care services.
- The practice pharmacist conducted medication reviews for housebound patients.

Outstanding



### People with long term conditions

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

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

- Performance for diabetes related indicators was in line with or higher than the national average. For example 72% of diabetic patients on the register had achieved a blood sugar result of 59 mmol or less in the preceding 12 months. This demonstrated that their diabetes was being well controlled for these patients. This was 1% higher than the local average and 2% higher than the national average. In addition, 92% of diabetic patients had received a foot examination to check for nerve or skin damage associated with their condition. This was 6% higher than the local average and 3% higher than the national average.
- Longer appointments and home visits were available when needed. Telephone reviews were available for patients that would benefit from them.
- A GP had a special interest in supporting patients with chronic pain associated with headaches.
- Diagnostic services including ECGs, blood pressure monitoring, spirometry and bladder ultrasound were available at the provider. The provider was also able to initiate insulin for newly diagnosed diabetes patients.

Outstanding



# Summary of findings

- 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.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice maintained a register for children and families at risk and health visitors met with the safeguarding lead to discuss these cases regularly.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Uptake for the cervical screening programme was 85%, which was equal to the CCG average of 85% and higher than the national average of 81%.
- A full family planning service was offered which included coils and implant fitting. A vasectomy service was offered on a Saturday morning for patients registered across Huddersfield.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. Baby clinics were integrated with ante-natal and post-natal clinics to give convenient continuity of care for mothers and babies.

Outstanding



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Outstanding



# Summary of findings

- The practice had introduced an online consultation service for non-urgent consultations that allowed adult patients to seek advice via a web form and where appropriate receive an email reply or telephone call back within one working day.
- The provider was open on Saturday morning and on Bank Holiday Monday which was of particular benefit to this patient group.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Regular visits were undertaken with a local care provider to support patients with a learning disability and de-sensitisation visits were offered to those who found attending the surgery difficult.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and had adopted the Palliative Care Gold standards framework, including a register for these patients in their end of life care.
- 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.

Outstanding



## People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators overall was higher than the national average. For example 93% of patients with a serious mental illness had a comprehensive care plan in place. This was 2% higher than the local average and 4% higher than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Outstanding



# Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. This included offering text reminders and following up patients who missed appointments.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing notably higher than local and national averages. Survey forms were distributed to 215 patients and 108 were returned. This represented a completion rate of 50% and comprised 1% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the local average of 75% and the national average of 73%.
- 96% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 86% and the national average of 76%.
- 97% of patients described the overall experience of this GP practice as good compared to the local average of 87% and the national average of 85%.
- 99% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the local average of 81% 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 46 comment cards which were all highly positive about the standard of care received. Patients said that the clinical staff offered outstanding and individualised care underpinned by compassion and kindness. Patients described the environment as exceptionally clean, welcoming, friendly and accessible.

We spoke with two patients during the inspection. Both said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The provider gathered data each month from the Friends and Family Test and evidence shown to us confirmed that 100% of patients said they would recommend this practice to others within the three months prior to the inspection.

# Dr Shamsee, Ward and Associates

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP specialist adviser.

## Background to Dr Shamsee, Ward and Associates

Dr Shamsee, Ward and Associates (Oaklands Health Centre) Huddersfield Road, Holmfirth, Huddersfield, HD9 3TP, provides services for 9,100 patients. The surgery is situated within the Greater Huddersfield Clinical Commissioning Group (CCG) and provides primary medical services under the terms of a personal medical services (PMS) contract. Services are provided within a purpose built and accessible building which is owned by the partners. The practice, located in Holmfirth serves the village and the surrounding rural area.

Oaklands Health Centre is a dispensing practice and has an onsite pharmacy employing a pharmacist and four dispensers. The dispensary provides this service to those who live more than one mile from their nearest pharmacy and was used by a third of the patient population.

The patient group experiences low levels of deprivation and the population is mainly White British.

Dr Shamsee, Ward and Associates is registered as a partnership, both partners are male and work full time. They are supported by four salaried GPs (three female and one male) who are all part time. The provider has four

advanced nurse practitioners (all female). The practice also has a full time female practice nurse and two part time health care assistants. The practice manager is supported by reception and administrative staff.

The practice is a teaching and training practice. They are accredited to train qualified doctors to become GPs and to support undergraduate medical students, with clinical practice and theory teaching sessions. They also support the training and mentoring of nursing students and pharmacists.

The practice is open Monday and Thursday from 8am to 8pm, Tuesday and Wednesday from 8am to 6.30pm, Friday from 8am to 6pm and Saturday from 8.30am to 11.30am. The provider also opens on a Bank Holiday Monday. Out of hours treatment is provided by Local Care Direct.

## 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 October 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, receptionists and the practice manager. We also spoke with patients who used the service.
- Observed how patients were greeted on arrival at the surgery and also when phoning for an appointment.
- 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

People were protected by a strong comprehensive safety system, with a focus on openness, transparency and learning when things go wrong.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

The provider scrutinised any practice based incidents and also any third party incidents that had affected, or had the potential to impact on the well-being of their patients and staff. They effectively shared learning of these issues and promoted reflection across other agencies. For example, an incident occurred whereby confidential patient data had been accidentally left in a public place by a health care professional not employed by the provider. Following this incident, the provider liaised with the other provider to seek assurance that no data breach or harm had occurred and asked the other provider to review their systems. This practice, along with the provider's other GP practice, had also developed an information governance improvement plan in the management of safe information governance.

The level and quality of incident reporting provided a highly effective picture of safety.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

An annual report was produced in relation to significant events. The practice had a clearly developed framework in which to code events as red, amber or green. This ensured that the provider's response was proportionate to the seriousness of the event, its impact and likelihood of reoccurrence. This coding determined the nature of response.

Events were discussed at staff meetings and then methodically reviewed at a one, six or 12 month intervals to provide assurance that there had been sufficient learning and no repeat. The activity at the practice was compared with activity at the provider's other GP practice, including an analysis of events per 1,000 patients, per year. A total of 29 events had been recorded at the this location, and these had been categorised into themes. Examples of themes included incidents of poor secondary care/difficulties admitting patients, safeguarding concerns raised by the practice, pathology lab problems and health and safety. A safety alert regarding plug sockets led to a review within the provider and the discovery of a faulty outlet. As a result of this a health and safety education board was created within the practice which featured a new safety theme on a monthly basis. A dispensing error had led to the introduction of a computer checking system and a change in procedure that ensured dispensing staff were not disturbed whilst preparing prescriptions. As a result of this, the rate of error reduced from 2-3 errors per 1,000 prescription to 0.2 per 1,000 prescriptions.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and 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 safeguarding level three.





## Are services safe?

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- All relevant staff were also required to complete an annual declaration confirming whether there had been any changes to their DBS status.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The Clinical Services Manager was the infection prevention control (IPC) clinical lead and worked closely with a practice nurse who deputised in their absence. The provider liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Comprehensive annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. A handwashing audit had been completed recently. The IPC clinical lead was also proactive in maintaining the highest standards with the practice housekeeper and we saw evidence that any issues identified in the fabric of the building that had the potential to impact on IPC were effectively pursued. The provider also published an annual statement of compliance within the practice, notifying the patient population of any infection control incidents that had occurred. The provider also ensured that all clinical staff maintained immunity to Hepatitis B and encouraged staff to undertake seasonal vaccinations.
- 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 documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions. Four nurses had qualified as Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. Health Care Assistants were trained to administer vaccines and medicines against a patient specific direction (PSD) or prescription. A PSD is an instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by a prescriber.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training, and undertook continuing learning and development. The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. The practice had commissioned, from a third party provider, an audit of the dispensing practice and implemented recommendations arising from this. Records showed that all members of staff involved in the dispensing process were appropriately qualified and their competence was checked regularly by the lead GP for the dispensary. Dispensary staff showed us standard operating procedures (SOP's) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw evidence of a regular review of these procedures in response to incidents or changes to guidance, in addition to annual review.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements in place for the safe destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients



## Are services safe?

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.
- The provider had a daily safety meeting, called a 'huddle'. This was an opportunity for all clinicians and the duty manager to meet and review any issues of concern that had occurred during the preceeding 24 hours. This would include any clinical issues of note, staffing needs and operational priorities for the remainder of the day.

### **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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The practice also had a wide range of emergency drug packs, tailored for different types of emergency. For example; drugs commonly required for the treatment of a diabetic emergency were stored in a single use sealed wallet. Similar packs were available for anaphylaxis, drug overdose, pain, stroke, psychiatric care and other conditions. These could be selected for use on home visits. Their use was monitored and they could be quickly replaced once used.

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 targeted checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent results showed the practice had achieved 100% of the total number of points available. This was 5% higher than the local and 4% higher than the national average. The clinical exception rate for this provider was 7%, which was 1% lower than the local average and 3% lower than the national average. 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 2015-16 showed:

- Performance for diabetes related indicators was in line with or higher than the national average. For example 72% of diabetic patients on the register had achieved a blood sugar result of 59 mmol or less in the preceding 12 months. This demonstrated that their diabetes was being well controlled for these patients. This was 1% higher than the local average and 2% higher than the national average. In addition, 92% of diabetic patients had received a foot examination to check for nerve or skin damage associated with their condition. This was 6% higher than the local average and 3% higher than the national average.

- Performance for mental health related indicators overall was higher than the national average. For example 93% of patients with a serious mental illness had a comprehensive care plan in place. This was 2% higher than the local average and 4% higher than the national average.
- Performance for lung disease related indicators was higher than the national average. For example 97% of newly diagnosed patients with chronic lung disease had their lung function measured since their entry on the disease register. This was 7% higher than the local average and 8% higher than the national average. This had been achieved with lower than average levels of exception reporting.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits commenced in the last two years. Four of these were completed two cycle audits where the improvements made were implemented and monitored.

The provider undertook quarterly audits of medical procedure competency. This included the insertion and removal of contraceptive devices and joint injections. All procedures were reviewed to check for any post procedure pain, infection or other complication. Data showed that there had been no incidents of infection and one incident of post operative pain in joint injections and one incident of post operative pain following skin procedures. This was a rate of 5%.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Data and audit outcomes were actively shared between Oaklands and Slaithwaite Health Centre during regular joint meetings.
- Findings were used by the practice to improve services. For example, recent action taken as a result of a completed audit into headache management had identified the need for improved history taking and to be wary of over medicating when treating pain.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. 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 and we saw evidence supporting this.

### 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.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 85%, which was in line with the CCG average of 85% and higher than the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

## Are services effective? (for example, treatment is effective)

Childhood immunisation rates for the most common vaccinations given were higher than comparable CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 98% (local average 95%-98%, national average 93%-95%). Rates for five year olds were 94%-100% of eligible children (local average 93%-98%, national average 87%-95%).

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains 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.

Feedback from people who use the service, those who are close to them and stakeholders was continually positive about the way staff treated people. All of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 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. Comment cards highlighted that staff responded compassionately when they needed help and provided flexible and responsive support when required.

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, a patient with a serious diagnosis was provided with specialised treatment for a year, usually only available in hospital. This involved the nurse practitioner accessing enhanced training to provide support and also providing regular early morning access for the patient to minimise disruption to their daily life. The provider also relied on reception staff and a health care assistant to open the surgery at an earlier time to accommodate this and support treatment, demonstrating strong caring relationships across the team that was highly valued by the staff and promoted by leaders.

- People's emotional and social needs are seen as important as their physical needs. For example, following discussions with the patient group a 'Community Corner' was established within the waiting area. A local voluntary group were approached and as a result a foodbank collection point was established at the practice to assist those in need.

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

- 98% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 89% 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 97% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

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



## Are services caring?

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 significantly higher than local and national averages. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 96% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that interpretation and translation services were available for patients who did not have English as a first language.

### **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. On the day of our inspection, the practice had identified 47 patients as carers, which was just over 0.5% of the practice list. Written information was available to direct carers to the various avenues of support available to them. Following the inspection, the practice had used the newly established dementia café as an opportunity to identify more carers. Data given to us following the inspection showed that the carers registered had increased to 73; approaching 1% of the practice list.

Staff told us that if families had suffered bereavement, their usual GP contacted them and the practice sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The provider had reviewed and improved their bereavement support policy and services offered as a result of a complaint they had received.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Greater Huddersfield Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.

- A range of consultant led clinics were offered by the provider which offered direct access to secondary care services within a primary care location. Services included referral to urology, ear, nose & throat (ENT), orthopaedics and hand surgery.
- The practice offered appointments on Thursday evening until 8pm for patients who could not attend during the usual working day. Patients could also access Saturday morning appointments and appointments on a Bank Holiday Monday.
- A full family planning service was available including the fitting of coils and implants. A vasectomy service was available on a Saturday morning.
- Surgery to ease the symptoms of carpal tunnel syndrome (a painful condition affecting the hands) was offered on a monthly basis.
- Online services for appointment booking and prescriptions were available and promoted. The practice had introduced an online consultation service for non-urgent consultations that allowed adult patients to seek advice via a web form and where appropriate receive an email reply or telephone call back within one working day.
- There were longer appointments available for patients with a learning disability or with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Nurses had received enhanced training in wound care, allowing them to undertake complex dressings at the surgery which reduced the need for patients to attend secondary care services.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.

- Nurse practitioners offered a telephone triage service for patients to direct them to most appropriate care.
- 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 and translation services available.

### Access to the service

People could access appointments and services in a way and at a time that suits them.

- The practice was open Monday and Thursday from 8am to 8pm, Tuesday and Wednesday from 8am to 6.30pm, Friday from 8am to 6pm and Saturday from 8.30am to 11.30am. The provider also opened on a Bank Holiday Monday. Appointments were available at various times throughout the day, varying from 8.30am to 5pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

A telephone triage service was available from the nurse practitioners during the day and an innovative online consultation service for non-urgent consultations allowed adult patients to seek advice via a web form and where appropriate receive an email reply or telephone call back within one working day.

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

- 88% of patients were satisfied with the practice's opening hours compared to the local and national average of 76%.
- 96% of patients said they could get through easily to the practice by phone compared to the local average of 75% and the national average of 73%.

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

The practice had a system in place to assess:

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





# Are services responsive to people's needs?

(for example, to feedback?)

The provider used a clear triage flow chart tool that had been developed by clinicians to provide support to reception staff. Certain conditions, such as shortness of breath or chest pain were described as 'red flags' and receptionists would either immediately connect the caller to the on call clinician or phone for an emergency ambulance. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and was publicised in reception and on the practice website.

We looked at 10 complaints received in the last 12 months and found that they had been treated seriously and openly. We saw that learning from complaints was embedded into the practice ethos with all team members engaged in reviewing and learning from complaints on a monthly basis. Learning was shared between the providers' two locations in order to maximise opportunities for reflection. Complaints relating to the actions of third parties that had impacted upon patients at the provider were also included and reviewed as a matter of routine. All complaints were anonymised and published at the location to both encourage patients to offer their feedback, feel encouraged to make a complaint and see evidence of the provider's engagement.

Lessons were learnt from individual concerns and complaints and also from analysis of trends. We saw that action was taken as a result to improve the quality of care. For example, complaints relating to a staff member and their attitude resulted in an apology and evidence of retraining was seen. A complaint about a lack of bereavement support led a review of policy and extension of support services to all patients affected by bereavement. We also saw that third party complaints were followed up with the providers concerned and the affected patients were supported in making representations to the relevant providers.

# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example, an audit of equipment used in minor surgical procedures was undertaken. The provider identified that significant financial and environmental savings could be made by arranging for the sterilisation of surgical equipment, without compromising patient safety. We saw evidence that these arrangements were reviewed annually and continued to make economic savings across the practice.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the provider had developed an Information Governance Improvement Plan following a review of needs at both of their GP practices. This included the provision of mandatory training for all staff and safeguards for the protection of confidential data being shared with third parties.

- An ongoing risk register considered current and future threats to the practice from a clinical and operational perspective. This included future workforce planning and budget implications.
- The IPC clinical lead was also proactive in maintaining the highest standards. Governance was strong across the whole staff team and a hand washing audit had been recently undertaken and an annual statement of purpose was displayed in the reception area.
- On the day of inspection, we reviewed the minutes of the monthly operational meetings that took place demonstrating that the partners took a wide ranging and consistent approach to identifying the operational needs and challenges of the business and also opportunities to improve patient care. For example, we saw minutes that reviewed locum arrangements, flexibility around patient appointments, dementia training updates across the team and the review of a significant event that did not escalate, but was deemed worthy of sharing across the team.

### 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 demonstrated to us they prioritised safe, high quality and compassionate care. Staff told us the partners and the senior management team were approachable, inspirational 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 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.

# Are services well-led?

Outstanding



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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted the team used the monthly practice protected meeting time to discuss updates and training issues with staff. We saw that a comments board was prominently displayed within the staff room for staff to thank each other and acknowledge examples of good team work.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, issued an annual report and submitted

proposals for improvements to the practice management team. For example, alterations had been made in the car park to make it more accessible and a food bank collection point had been established within the practice to support local people in need. The practice had gathered feedback from staff through appraisals and staff meetings. Staff emphasised to us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run and that the management team and GPs were highly visible and supportive.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. We saw that the partners and practice management team had a highly developed reflective approach to clinical outcomes and improving the overall patient experience, which was particularly evidenced in the approach to learning from significant events and innovation in patient consultations. There was also clear support and engagement with supporting doctors, nurses and pharmacists in training and the provider had a well-developed strategic plan that included effective workforce planning.