

# Meadow Dale Group Practice


## 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 Meadow Dale Group Practice on 14 April 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, well-led, effective, caring and responsive services. It was also rated as good for providing services for all population groups.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- 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 was available and easy to understand.
- Patients said they found the appointment system very accessible.
- 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.

There were areas of outstanding practice.

- We found there were outstanding processes in place to manage incidents. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses and they had received training in this area. Detailed policies and procedures were in place to support practice. Incidents were

# Summary of findings

recorded electronically and monitored for patterns and trends at local, regional and national level. Lessons were learned and communicated widely to support improvement.

- We found there were outstanding processes in place for the management of medicines. Detailed procedures were in place for all aspects relating management of medicines and clinical staff had received medicines management training. Detailed audit processes were in place to monitor medicines and compliance with policies and procedures. There were systems in place which ensured GPs had time to review repeat prescriptions.

- We found there were outstanding governance systems in place. The practice had a clear vision and strategy and this was embedded in aspects of practice. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management both at the practice and regionally. The practice had a number of detailed policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk.

**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. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Staff had completed training and there were enough staff to keep patients safe. The practice monitored systems and processes for infection control and the practice was visibly clean.

Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses and they had received training in this area. Detailed policies and procedures were in place to support practice and incidents were monitored for patterns and trends at local, regional and national level. Lessons were learned and communicated widely to support improvement.

Detailed procedures were in place for all aspects relating management of medicines and clinical staff had received medicines management training. Detailed audit processes were in place to monitor medicines and compliance with policies and procedures. There were systems in place which ensured GPs had time to review repeat prescriptions.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed most patient outcomes were at or above average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles. The management team had identified improvements in monitoring patient's care needs, for example, improvements in diabetes care was required and they had implemented an action plan to improve these areas. There was evidence of appraisals and personal development plans for staff. Staff worked well with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Evidence from data and discussions with patients showed patients rated this practice highly in all aspects of their care. They said they were treated with compassion, dignity and respect and they were

Good



# Summary of findings

involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We saw staff treated patients with kindness and respect.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice reviewed the needs of its local population when developing service. They engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Evidence from data and discussions with patients showed patients were highly satisfied with the appointments system in place. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available on the website and in the practice. The information was easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

The practice is rated as good for being well-led. We found there were outstanding governance systems in place. The practice had a clear vision and strategy and this was embedded in aspects of practice. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management both at the practice and regionally. The practice had a number of detailed policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice sought feedback from staff and patients, which it acted on. The practice had identified that it could improve patient engagement and was in the process of developing a Patient Participation Group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



# 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. Nationally reported data showed outcomes for patients were good for conditions commonly found in older people. All patients over 75 years of age had a named GP. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits. Monthly multi-disciplinary meetings were held to review the care needs of older people. The practice worked closely with other health and social care organisations and ran a number of in-house clinics.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The GP and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified and monitored. Home visits were available when needed. All these patients had a named GP and a structured annual review to check their health and medication needs were being met. For those people with the most complex needs, the practice worked with relevant health and care professionals to monitor patient outcomes and to deliver a multidisciplinary package of care. Patients with palliative care needs could attend any clinical session without needing to make an appointment. The practice held a number of in-house clinics to support this group of patients such as, clinics for asthma, diabetes, Chronic Obstructive Pulmonary Disease (COPD) and coronary heart disease.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances who were at risk. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice worked closely with other agencies such as the health visitors and held a number of in-house health care clinics.

Good



### 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 services offered

Good



# Summary of findings

ensured appointments were accessible, flexible and offered continuity of care. Pre-bookable, telephone consultations, Saturday and late evening appointments were all available to this group of patients.

The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. A number of clinics were also available in-house such as smoking cessation.

## **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 those with a learning disability. It offered annual reviews for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It signposted vulnerable patients to access various support groups and voluntary organisations. Staff had access to tools such as a translation services to assist communication with patients where English was not their first language. 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.

**Good**



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). People experiencing poor mental health received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health.

The practice had told patients experiencing poor mental health about how to access various support groups and counselling services.

**Good**



# Summary of findings

## What people who use the service say

We received seven CQC patient comment cards and spoke with five patients on the day of our visit.

Patients told us they were very satisfied with the service they received. They described the service as good and responsive. All who commented described the staff as being polite, understanding, caring, helpful and respectful.

Whilst patients told us they did not always see the same GP they did not express any concerns over consistency of care during our conversations with them and they were very complimentary about the care provided by the clinical staff. They told us staff listened to them, explained treatments and involved them in decisions about their care. They said they were treated with courtesy, compassion, dignity and respect. They told us they were given time to discuss their health needs and felt assessments of their health problems were thorough. Patients said they were supported with their long term health conditions.

Patients told us they could access the practice to make appointments easily and appointments were available. They said they didn't have to wait too long to be seen after their appointment time.

Patients said the practice was always clean and tidy. They also commented that they felt the practice was warm and welcoming.

All the patients we spoke with said they would recommend this practice to others and a number had moved to the practice following personal recommendations.

The latest GP survey results showed 380 surveys were sent out and 96 patients responded. The results showed the practice scored better than other practices in the local Clinical Commissioning Group (CCG) area and national average in a number of areas and 88% rated their overall experience of this surgery as good.

## Outstanding practice

### **We found there were outstanding processes in place to manage incidents.**

Staff had received training on how to report incidents. The incident records were completed electronically. Staff reporting an incident were able to monitor the progress of an investigation and the outcome. A detailed policy and procedure was in place to support decisions and manage risk, each incident was rated in terms of level of risk.

The electronic system was used to generate reports and to monitor incidents for patterns and trends locally, regionally and nationally. The provider and the practice had learned from these and findings were shared with relevant staff both locally and nationally.

### **We found there were outstanding processes in place for the management of medicines.**

Detailed procedures were in place for all aspects relating to management of medicines and clinical staff had received medicines management training. Detailed audit processes were in place to monitor medicines and compliance with policies and procedures.

A system of blocking out time in the electronic diary had been implemented to ensure the GP had sufficient time to review prescription requests.

### **We found there were outstanding governance systems in place**

There was a clear leadership structure with named members of staff in lead roles within the practice. The practice was supported by regional staff such as the Regional Clinical Lead GP and Regional Lead Nurse. The registered provider closely monitored the ratios of clinical staff to patients to ensure sufficient clinical staff were available to ensure good patient outcomes.



# Summary of findings

The organisation was very clear about their values and these were embedded within the culture of the practice through their procedures. For example, the organisations values were an integral part of the recruitment and induction process.

The practice had a number of detailed policies and procedures in place to govern activity and these were available to staff on the desktop computers within the practice. Compliance with procedures was measured through a comprehensive ongoing programme of audits.

The audits were also used to monitor performance, quality and systems. Well-developed tools were provided for staff to complete the audits based on relevant policies and procedures.

The practice had arrangements for identifying, recording and managing risks. The risk log addressed a wide range of potential issues and level of risk was rated. The risk log was monitored at regional level and reviewed monthly by the practice. Risk assessments had been carried out where risks were identified and action plans had been produced and implemented. Risk assessments were reviewed annually.

# Meadow Dale Group Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector and an expert by experience.

## Background to Meadow Dale Group Practice

Meadowdale Group Practice is situated within a purpose built surgery in Halifax.

The practice provides Alternative Provider Medical Services (APMS) for 2099 patients across three sites in the NHS Calderdale Clinical Commissioning Group (CCG) area. The two other sites within the group are based in Elland and Sowerby Bridge. These two sites are registered separately with the CQC.

There is one male GP, an advanced nurse practitioner, one practice nurse and a health care assistant who all work across the sites. There is a dedicated administration team for each site but they cover leave for the other sites as necessary. The practice manager is responsible for all the sites in the group.

The surgery is open from 8 am to 8 pm on week days and 8 am to 1 pm on Saturdays. The clinicians work across the three sites providing varied surgeries depending on patient need. Appointments are pre-bookable and a number of appointments are available to book on the day. Patients with palliative care needs can attend any clinical session

without needing to make an appointment. Longer appointments are available for those who need them and home visits and telephone consultations are available as required.

Out of hours services are provided by NHS 111 or 999 services. A NHS walk-in centre is also available locally.

The practice is registered to provide the following regulated activities; maternity and midwifery services; diagnostic and screening procedures and treatment of disease, disorder or injury.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 which is part of our regulatory functions. This inspection was planned to check whether the registered 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.

Please note 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 the time.

## How we carried out this inspection

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

- Is it safe?

# Detailed findings

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

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

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the NHS Calderdale CCG, to share what they knew.

We carried out an announced visit on 14 April 2015. During our visit we spoke with a range of staff including the GP, practice nurse, the practice manager, operations manager and three administration staff. We spoke with five patients who used the practice.

We observed communication and interactions between staff and patients, both face to face and on the telephone within the reception area. We reviewed seven CQC patient comment cards where patients had shared their views and experiences of the practice. We also reviewed records relating to the management of the practice.

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts and comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where these were discussed over the last 12 months. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

### Learning and improvement from safety incidents

Staff had received training on how to report incidents and the incident records were completed electronically and sent directly to the regional team. Each incident report had a unique identification number and staff reporting the incident were able to monitor the progress of the investigation and outcome. We saw incident records were completed in a comprehensive and timely manner. A detailed policy and procedure was in place to support decisions and manage risk, each incident was rated in terms of level of risk.

The electronic system was used to generate reports and to monitor incidents for patterns and trends locally, regionally and nationally. There were records of significant events that had occurred and we reviewed the records for the last 12 months. There was evidence the registered provider and the practice had learned from these and that the findings were shared with relevant staff both locally and nationally.

Staff told us the system enabled them to follow the action taken in response to the incident at any time and they confirmed they were informed of the outcome of investigations. We saw evidence of action taken as a result of investigations. For example, where staff had not followed procedures in relation to security of the building this had been discussed at a team meeting and the procedure recirculated to all staff. Staff confirmed that incidents and action points were discussed at meetings.

We saw where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken.

National patient safety alerts were disseminated by the regional team to the practice manager. The practice manager logged the alerts and saved them onto the shared drive so all staff had access to them. The alerts were reviewed by the practice nurse and discussed at the monthly clinical governance meeting. We saw records of the alerts received and action taken in response. A detailed standard operating procedure was in place to support this process.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults including detailed policies and procedures and flowcharts displayed in surgeries. An audit of the procedures in place had been completed in December 2014. Areas for improvement, such as updating external agency contact details, had been identified and an action plan had been developed which showed most actions had been completed.

We looked at training records which showed that all staff had received specific training on safeguarding vulnerable adults and children relevant to their role. The GP had received level three training in safeguarding children and other staff had received level two. The practice manager told us that all clinical staff were to complete level three training as is recommended practice. We asked members of medical, nursing and administrative staff about their most recent training. Staff told us they had safeguarding training as part of induction and on an ongoing basis. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, record safeguarding concerns and how to contact the relevant agencies in and out of normal hours. Contact details were easily accessible.

The practice had appointed a GP and practice nurse as leads in safeguarding vulnerable adults and children. All staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example, children subject to child protection plans.

# Are services safe?

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms. (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). All nursing staff, including health care assistants, had been trained to be a chaperone. Reception staff would act as a chaperone if nursing staff were not available. Receptionists had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

## Medicines management

Detailed procedures were in place for all aspects relating to the management of medicines and clinical staff had received medicines management training.

A detailed audit of all the processes relating to medicines had been completed in 2014. Where shortfalls had been identified these had been prioritised and a detailed action plan had been developed. The action plan showed that the actions had been completed within the identified timescales. The outcomes of the audit had been shared with the staff group.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy and maintained records to show refrigerator temperatures were checked regularly.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. We observed a system of blocking out time in the electronic diary had been implemented to ensure the GP had sufficient time to review prescription requests. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

## Cleanliness and infection control

We observed all areas of the practice were clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection prevention and control (IPC).

Training records showed staff had received induction training about IPC and received annual updates. We saw evidence that a detailed IPC audit had been completed in August 2014 and that the majority of areas for improvement had been addressed. Minor repairs to paintwork were outstanding but were scheduled.

A detailed IPC policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to prevent and control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's policy and procedures.

Notices about hand hygiene techniques were displayed in clinical areas, and staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). We saw records that confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients.

## Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing and calibration of equipment was in place and up to date.

## Staffing and recruitment

## Are services safe?

We saw that a number of detailed corporate policies to support recruitment and management of staff were provided. These included recruitment and selection, disciplinary procedures and whistleblowing procedures. We saw that these policies had been reviewed regularly.

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS).

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The regional operations manager told us the registered provider had specific patient to GP, practice nurse and health care assistant ratios to ensure good patient outcomes and clinical care and these ratios were monitored.

We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

The practice had experienced difficulties recruiting GPs to the area and had used locums to assist in provision of services. One GP was employed full time and was supported by the locum GP's and the nursing team which included and advanced nurse practitioner. The practice manager told us that they accessed a small group of locums to ensure continuity for patients. Whilst patient's told us they did not always see the same GP they did not express any concerns over consistency of care.

### **Monitoring safety and responding to risk**

The practice had detailed corporate systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included

the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see. Staff had received health and safety, fire awareness and moving and handling training.

Identified risks were included on a risk log. Each risk was assessed and rated and mitigating actions recorded to reduce and manage the risk. The risk log was reviewed monthly by the practice manager. We saw that any risks were discussed at the clinical governance meetings and within team meetings. For example, the practice manager had shared the recent findings from an infection control audit with the team. Staffing arrangements had also been discussed to ensure adequate cover to meet service user's needs.

### **Arrangements to deal with emergencies and major incidents**

The practice had arrangements in place to manage emergencies. Records showed that staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A detailed business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. This included action to take if there was a power failure, adverse weather, unplanned sickness or loss of the telephone system. The document also contained relevant contact details for staff to refer to.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GP and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw minutes of practice meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found thorough assessments of patients' needs were completed in line with NICE guidelines, and these were reviewed when appropriate. Detailed assessment templates had been developed by the registered provider to support the clinicians in their work and to ensure best practice.

Clinical staff we spoke with told us they were well supported and said they shared information and felt able to ask colleagues for advice and support. The clinicians told us had always had access to advice and support from the regional team lead GP and nurse.

The GP told us they lead in specialist clinical areas such as diabetes, heart disease, dementia and asthma and the practice nurses supported this work, which allowed the practice to focus on specific conditions. The GP had identified that diabetes care provided by the practice could improve to ensure good outcomes for patients. The GP told us they were to commence additional training in this area in June 2015 and the practice nurse had completed a diploma in diabetes care in 2014.

National data showed that the practice was in line with referral rates to secondary and other community care services for all conditions. The GP we spoke with used national standards for the referral of patients with suspected cancers referred and seen within two weeks. A written procedure was in place to support this process and the administration staff were able to explain the procedures for referral of a patient in this category. They told us that these referrals were usually completed the

same day. A log was made of all referrals to hospital and these were monitored each week to make sure the referral had been processed, that the hospital had received it and a reply had been received.

Interviews with GPs confirmed the culture in the practice was the patient's clinical need was the basis for care and treatment decisions.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, child protection and medicines management. The information staff collected was then collated to support the practice to carry out improvements to the service. The most recent data available to us showed the practice had achieved 90.9% of the available QOF points. (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The practice had not met all the minimum standards for QOF in some areas. For example, the practice was below the national average for meeting minimum standards for diabetes. However the practice had identified this as an area for improvement and additional training for clinicians had been provided or was scheduled. However the practice was higher than national average for cervical screening, dementia reviews and anticoagulant therapy.

We found the organisation had a planned clinical audit cycle in order to monitor the effectiveness of the care and treatment provided to improve outcomes for patients. Comprehensive audit tools were provided and action plans were developed to address any shortfalls. Data from the local CCG showed the practice's performance for antibiotic prescribing, was comparable to similar practices and antibiotic prescribing was monitored by the practice through their audit process.

We saw that detailed care plans were in place for patients with complex needs and these were reviewed by the GP as required. Unplanned hospital admissions were monitored and those admissions which related to a patient's long-term condition were reviewed. For example, admissions due to exacerbations of chronic obstructive pulmonary disease (COPD), asthma or poorly controlled diabetes were discussed and follow-up appointments were

# Are services effective?

## (for example, treatment is effective)

made in order to try and prevent recurrences. Patients with complex needs and patients receiving palliative care were reviewed at multidisciplinary meetings. The GP told they also review patients with acute mental ill health weekly. This had been area identified for improvement and regular reviews and multidisciplinary meetings had been implemented in recent months. Some care plan review meetings were held at patients' homes to ensure the patients involvement in their care plan. The practice held a number of in-house clinics to support patients with chronic disease such as asthma, diabetes, chronic obstructive pulmonary disease (COPD) and coronary heart disease. They had a recall system to ensure patients were regularly reviewed.

### Effective staffing

Practice staff included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that staff were up to date with attending mandatory courses such as annual basic life support.

The practice employed one full time GP and they had been in post since January 2015. They told us they were well supported and had peer reviews every three months. We saw that an audit of records of consultations were part of the peer review process. The GP told us they were up to date with their continuing professional development requirements. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

An induction process was in place for locum GPs and a comprehensive information pack was provided for them which included for example, local referral processes and contact details.

Practice nurses and the health care support worker were expected to perform defined duties and they were trained to fulfil these. Clinical staff told us they were well supported and said there were plenty of opportunities for clinical support and training. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses. They said they had received role specific training in areas such as immunisations, cervical screening, diabetes and contraception.

The clinical staff told us they always had access to advice and support from the regional team such as the regional clinical lead and regional nurse.

The administration staff told us they had role specific training and regular appraisals. They said they were well supported by the practice manager. Recently employed staff told us they had received an induction to their role and they had felt well supported. They said they had found the organisation warm and welcoming.

### Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The GP who saw these documents and results was responsible for the action required. Staff we spoke with understood their roles and felt the system in place worked well. The GP had identified a potential risk in the audit trail where locums received discharge information as a hard copy rather than electronically and was considering how this could be managed. There were no instances identified within the last year of any results or discharge summaries that were not followed up appropriately.

The practice had identified that improvements were required in communication to manage the needs of complex patients, for example those with end of life care needs. They had implemented multidisciplinary meetings which were attended as required by district nurses, social workers, palliative care nurses. Some of the meetings had taken place in patients own homes to ensure they were involved in decisions about care planning.

### Information sharing

The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice made referrals through the Choose and Book system. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). Staff reported that this system was easy to use.



# Are services effective?

(for example, treatment is effective)

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. We saw evidence that audits had been carried out as part of clinical staff reviews to assess the completeness of these records and that action had been taken to address any shortcomings identified.

Regular staff meetings were held and we saw information relating to the management of the practice and impending changes was shared and learning points from complaints, incidents and alerts were discussed.

## Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. For some specific scenarios where capacity to make decisions was an issue for a patient, the practice had drawn up a policy to help staff. We saw that detailed policies and procedures were in place and included guidance for staff in relation to informed consent, refusal of treatment and Gillick competencies. (Gillick competencies are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). The clinical staff we spoke with demonstrated a clear understanding of Gillick competencies.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it). When interviewed, staff gave examples of how a patient's best interests were taken into account.

## Health promotion and prevention

The practice offered NHS Health Checks and annual reviews of those patients with a long term condition. They had identified that they had not met QOF targets for diabetes and mental health and were implementing plans to improve these areas.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. They were higher than the national average for most vaccination programmes other than for flu vaccination. The practice had identified that this was due to a lack of response from patients to notifications and they were considering how to improve uptake.

The practice web site provided access to a wide range of patient information and links to other websites. For example, the NHS Choices web site where patients could access information such as healthy living advice for families and advice for people with long term conditions and minor illnesses. A range of health information leaflets were also displayed in the practice waiting area.

A wide range of clinics and services were available for patients within the practice. For example, cervical screening, family planning, hypertension clinic and smoking cessation advice.

The practice held awareness weeks, for example, smoking awareness, and these were advertised on a notice board in the reception area. The practice received a weekly bulletin from the provider to assist them to plan health promotion activities in line with other organisations activities such as the British Heart Foundation.

The practice was involved in the North Halifax Staying Well Project. This was a local council initiative and was aimed at improving community social and health services.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey where, from 380 surveys, 96 responses were received. For example, data from the national patient survey showed 88% of patients rated the practice as very good or fairly good which was above the local CCG and national average. The practice scored 91% for the GPs and the 89% for nurses at being good at giving patients enough time and 90% for the GPs and 93% for nurses being good at listening to them. Patients also said the last GP they saw or spoke to was good at treating them with care and concern and the practice scored 87% in this area. We received very positive comments about the reception staff and 94% of patients in the survey said they found them helpful.

We received seven CQC patient comment cards and spoke with five patients on the day of our visit. Patients told us they were very satisfied with the service they received. All who commented described the staff as being friendly, caring, helpful and respectful. Patients told us all the staff treated them with dignity and respect.

Staff and patients told us all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted consultation / treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.

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

The patients we spoke with and who completed CQC patient comment cards were complimentary about the care provided by the clinical staff. They told us the GPs listened to them, explained treatments to them and

involved them in decisions about their care. The patients scored the GPs highly in the national GP survey in this area. For example, 96% of patients said they had confidence and trust in the last GP they saw or spoke to, 84% said the GP was good at explaining tests and treatments and 72% said they were good at involving them in decisions about their care.

We also received very positive comments about the nurses and patients said they were helpful and caring. The nurses also scored highly in the national GP survey. For example, 95% of patients said they had confidence and trust in the last the last nurse they saw or spoke to.

Patients said their long term health conditions were monitored and they said they felt very well supported.

We were shown examples of detailed care plans which had been produced for patients in high risk groups and for those with complex needs, this included those with mental health needs and those patients at high risk of admission to hospital.

### Patient/carers support to cope emotionally with care and treatment

The patients we spoke with on the day of our inspection and the comment cards we received were complimentary about all the staff. They told us staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting rooms and on the patient website informed patients how to access a number of support groups and organisations.

The practice identified carers on the electronic patient record system. Information about various avenues of support was available for carers and they were referred to an appropriate agency for a carers assessment where required.

Staff who had patient contact had received customer care training and were able to give good examples of when they had supported patients in the practice or on the telephone.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice manager told us the registered provider's regional staff engaged regularly with the local CCG to improve local services as part of the commissioning engagement scheme. The practice manager told us that the regional team worked with the practice to improve services and meet patient's needs.

The practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. The practice had continually looked to improve patient services and they utilised staff knowledge and skills to provide a number of in-house clinics for patients such as provision of a service for smoking cessation. Patients told us that they had seen an immediate and significant improvement in the services since Virgin Care had taken over the management of the practice.

The practice provides a service for all age and population groups. A record of vulnerable patients such as those with learning disabilities and mental ill health was maintained and regular health checks were provided.

Patients over 75 years had a named GP and the practice held regular reviews and multidisciplinary meetings to monitor their care.

### Tackling inequity and promoting equality

The practice was in a purpose built two storey building. The premises and services had been adapted to meet the needs of patients with disabilities. All patient access and consultation rooms were on the ground floor of the building which comprised of a reception and waiting area, two consulting rooms, and one consultation room/treatment room. The patient areas were sufficiently spacious for a wheelchair user. Toilets with equipment suitable for those with a disability were available. Disabled access and disabled car parking was available. A hearing loop was available in the reception area for patients with a hearing impairment. Patient information guides were available in Braille, on disk and in large print if required.

The practice web site provided a wide range of information and links to partner organisations.

The practice provided equality and diversity training through e-learning and training records showed all staff had completed this. Detailed policies and procedures were also available to support staff in this area.

The practice population was predominately English speaking though it could cater for other different languages through translation services. Patient information guides were available in different languages on request.

### Access to the service

The practice was open from 8 am to 8 pm week days and 8 am to 1pm on Saturday. Varied clinical sessions were provided by the GP or nurse during these hours. Patients could also access clinical sessions at one of the two other sites in the group. Appointments were pre-bookable and a number of appointments were available to book on the day. Patients with palliative care needs could attend any clinical session without needing to make an appointment. Longer appointments were available for those who needed them to ensure there was sufficient time to discuss their needs. Home visits and telephone consultations were available as required. Text message confirmation of appointments was available.

Out of hours services were provided by NHS 111 or 999 services. A NHS walk-in centre was also available locally.

We reviewed the most recent data available for the practice on patient satisfaction with the appointment system. This included information from the national GP patient survey. This indicated the patients were satisfied with the appointments system at the practice. For example, results showed 82% of respondents described their experience of making an appointment as good, 88% were satisfied with the surgery's opening hours, 93% found it easy to get through to this surgery by phone and 94% found the receptionists at this surgery helpful.

Patients were complimentary about the appointments system and the reception staff and told us same day appointments were available and they didn't have to wait too long to be seen.

Information about appointments was available to patients on the practice website. There was also information about arrangements to ensure patients received urgent medical assistance when the practice was closed.

### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place for handling complaints and concerns. The complaints policy and procedures were detailed and 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. Complaints could be made verbally, in writing or by social media via Twitter or Facebook. Complaints were sent to the provider and then investigated locally. Complaints received were monitored daily by the provider.

We saw information was available to help patients understand the complaints procedures on the web site and complaints information was displayed in the waiting area which included details on how to escalate a complaint. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had needed to make a complaint about the practice.

We looked at how the seven complaints received by the practice in the last 12 months had been managed. The records showed complaints had been dealt with in a timely

way and actions had been taken in response. For example, one complaint related to the number of locums used. Action had been taken to ensure a consistent pool of locums to provide more consistency for patients. Patients told us they usually saw the same GP. Patients had received a response which detailed the outcomes of the investigations. We also saw an apology had been given to patients where appropriate. The practice manager had a good knowledge of their responsibilities under new regulations relating to duty of candour. Information on how patients could escalate their complaint if they were not satisfied with the response was included in the practice information leaflet.

We found from records and discussions with staff learning from complaints had been shared with them. Lessons learnt were sent to the regional clinical governance committee and/or the clinical management board. A monthly report of lessons learnt and actions taken was also provided to Virgin Care. The registered provider shared lessons learnt regionally and nationally.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had developed a mission statement and core values which included the statement, "To provide patients in Calderdale with high quality, easy and convenient access to a GP or nurse when they need it." The practice manager provided enthusiastic leadership and spoke passionately about the practice's vision and values which focused on the patient's experience.

Staff told us the organisation was very clear about their values and said these were used within processes to ensure they were embedded within the culture of the practice. For example, the values were an integral part of the recruitment process and used as a basis to formulate questions for interviews and induction. A weekly newsletter was sent to all staff which included discussions about the vision and values.

Staff and patients told us the practice had significantly improved since Virgin Care had taken over the management of the practice. Staff and patients said the practice was patient focused and staff they told us they were well supported. We found the staff were enthusiastic about the services they provided and were complimentary about the provider and the management of the business.

### Governance arrangements

The practice had a number of detailed policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at a selection of these policies and procedures and staff told us they had completed a cover sheet to confirm that they had read the policy and when. All the policies and procedures we looked at had been reviewed regularly, were up to date and accessible to staff.

There was a clear leadership structure with named members of staff in lead roles within the practice. For example, there was a lead nurse for infection control and the GP and nurse were the leads for safeguarding. The practice was supported by regional staff such as the Regional Clinical Lead GP and Regional Lead Nurse. Staff we spoke with told us they always had access to advice and support from the regional team. The staff were clear about

their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns. Staff told us that the structure had improved over the previous 12 months and although there had been management changes they had felt well supported. The staff told us there were regular events and opportunities for networking with peers both nationally and regionally.

The registered provider closely monitored the ratios of clinical staff to patients to ensure sufficient clinical staff were available to ensure good patient outcomes. The practice had had difficulties recruiting GPs to the area and had relied on a group of locums. A permanent full time GP had been employed since January 2015 and additional clinical staff were completing the recruitment process. The GP had identified areas for improvements and had implemented changes to improve patient care such as multidisciplinary meetings to monitor patient care needs. Some of the changes had not impacted on the performance data we reviewed but patients told us that the changes had been significant.

The practice used the Quality and Outcomes Framework (QOF) and the organisation's comprehensive audit tools to measure its performance. The QOF data for this practice showed it was performing in line with national standards in most areas. The practice had identified areas for improvement such as care for patients with diabetes and flu vaccination rates and had implemented processes to ensure these areas would be addressed. For example, staff training was scheduled and recruitment of additional clinical staff was in progress. This data was discussed with staff at the monthly clinical governance meetings.

The practice manager, GP and practice nurse told us about the peer review systems they took part in. For example the practice had quarterly internal compliance inspections completed by a practice manager from another service within the organisation. Clinical staff had three month peer reviews where their records of consultations were examined. We looked at peer review reports and saw these identified areas for improvement where required.

The practice had a comprehensive ongoing programme of audits which it used to monitor quality and systems to identify where action should be taken. Well-developed



# Are services well-led?

Good 

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

tools were provided for staff to complete the audits based on relevant policies and procedures. For example, we saw that a very detailed medicines audit had been completed. A detailed action plan had been implemented.

The practice had arrangements for identifying, recording and managing risks. The practice manager showed us the risk log, which addressed a wide range of potential issues such as fire safety and lone working. The risk log was monitored at regional level and reviewed monthly by the practice. Risk assessments had been carried out where risks were identified and action plans had been produced and implemented. Risk assessments were reviewed annually.

The practice held monthly governance meetings. We looked at minutes from the last meeting and found that performance, quality and risks had been discussed.

## **Leadership, openness and transparency**

The staff told us there was a relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff were complimentary about the management of the practice and said they had been well supported.

The practice held regular staff meetings. The staff told us there was an open culture within the practice and they said they had the opportunity and were happy to raise issues at team meetings. The staff also told us they had protected learning time and felt supported in their learning and career objectives. The weekly newsletter from the provider recognised individual staff achievements.

We reviewed a number of policies, including recruitment and selection, disciplinary procedures and whistleblowing procedures, which were in place to support staff. Staff we spoke with knew where to find these policies if required.

Patients could access a number of policies and procedures on the practice website and within the practice. For example, procedures relating to complaints, confidentiality and freedom of information were available.

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

The practice had gathered feedback from patients through patient surveys, social media, comment cards and complaints received. We looked at the results of the 2014

annual patient survey and this showed very positive results with all questions scoring 80% or above. An action plan for improvement had been implemented. For example, 84% of patient's said they could get an appointment to see or speak to someone. To improve this they offered patients appointments at one of the two other sites in the group where the GP and nurse also held daily clinical sessions. Information was provided on the web site for patients about providing feedback to the practice

The practice had identified that they could improve engagement with patients and this was addressed in their action plan. The practice was looking to develop a patient participation group (PPG) and was in the early stages of recruitment to the group. Information about the PPG was advertised in the practice and on the website.

The practice had gathered feedback from staff through an annual staff survey and generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. One member of staff told us that they had asked for specific training to develop their career as a Health Care Assistant and this was being planned. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

## **Management lead through learning and improvement**

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and offered opportunities for development. They also said there had regular events both regionally and nationally to promote networking with peers.

The practice completed reviews of performance data, significant events and complaints and shared this information with staff at meetings to ensure the practice improved outcomes for patients. The provider shared information to improve practice nationally.