

Liversedge Medical Centre

Quality Report

Liversedge Health Centre
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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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12
Outstanding practice	12

Detailed findings from this inspection

Our inspection team	13
Background to Liversedge Medical Centre	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Liversedge Medical Centre on 4 May 2016. Overall the practice is rated as good.

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. There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice took a whole team approach to improving outcomes for patients.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.
- 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 who all had clear responsibilities in relation to the vision.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information about services was available and easy to understand.

Summary of findings

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

We saw one area of outstanding practice:

Data showed that the practice had significantly improved patient outcomes. For example, in the preceding 12 months the practice improved their patient uptake of annual dementia reviews by 20%. An advanced nurse practitioner carried out annual reviews, including a review of their medication in patients' own homes. Data for 2014/15 showed that 75% of patients diagnosed with

dementia had their care reviewed in a face-to-face review in the preceding 12 months. The practice provided data for 2015/16 that showed this had increased to 95% which was significantly higher than local and national averages.

The areas where the provider should make improvements are:

- Ensure benzylpenicillin is available for suspected cases of meningitis
- Ensure clinical waste bags are labelled in line with current legislation and guidance.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Risks to patients were assessed and well managed and recognised as the responsibility of all staff.
- There was a system for the practice to request premises maintenance and report faults. Up to date records were maintained by the practice.
- There was an effective system in place for reporting, recording and analysing significant events. Incidents were discussed at staff meetings and a joint annual meeting with other practices in the group to identify themes and trends and share lessons learned.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- The practice had comprehensive business continuity plans in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and the building owners.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. For example, there was a whole team approach to improving outcomes for patients with long-term conditions and the uptake of screening services.

Summary of findings

Nominated staff members had specific roles and had undertaken additional training to proactively contact patients to discuss the importance of attending for appointments, tests and reviews.

- Data showed that the practice had significantly improved patient outcomes. For example, in the preceding 12 months the practice had improved their patient uptake of annual dementia reviews by 20%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice had analysed the needs of patients and the skill mix of staff to ensure that 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.
- Patients at high risk of hospital admission who were not under the care of a community matron were referred to a CCG employed Care Co-ordinator who liaised with NHS and social care services to ensure patients were supported.
- Staff worked with multi disciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services

- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, we saw that families who supported patients who were very frail and nearing the end of their lives, had their GP's personal mobile contact so that advice and support could be offered at anytime.
- Data showed that how patients rated the practice was comparable to national and local averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice's computer system alerted GPs if a patient was also a carer. All carers were offered an annual health check, flu vaccination and written information was available to direct carers to the various avenues of support available to them.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, they hosted other services for patients, including hearing clinics, in line with the local care closer to home policy.
- There were innovative approaches to providing integrated person-centred care. For example, administrative staff were involved in the system to improve patient care. Staff told us they felt empowered and felt they were actively making a difference to patient care.
- The practice had reviewed the results of the national GP patient survey, 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, a system was introduced to manage the demand for same day appointments.
- The practice had increased the number and skill mix of staff to meet the needs of patients. People could access appointments and services in a way and at a time that suited them, with urgent appointments available the same day. National GP patient survey data showed 83% of respondents found it easy to get through to this surgery by phone compared to a CCG average of 66% and a national average of 73%.
- The practice made use of telephone triage. Consultations and late appointments were offered on Mondays and Tuesdays. The practice accommodated all call-back requests where patients were unable to afford the cost of the telephone call.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand but did not include how to contact the patient advocacy service or health services ombudsman. The practice amended this immediately after the inspection. Evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good



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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. All staff were clear about the vision and their responsibilities in relation to this.
- High standards were promoted and owned by all practice staff and teams worked together across all roles. For example, clinical and administrative teams had specific targets, they worked together to improve patient outcomes.
- The practice was one of a group of 11 practices that recently submitted proposals to the NHS Estates and Technology Transformation Fund to transform care for 90,000 patients in Cleckheaton, Heckmondwike, Mirfield, Dewsbury and Ravensthorpe localities in North Kirklees.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction, all staff members understood the key challenges and targets for the forthcoming year.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. Staff told us they were encouraged to learn and develop in their role.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 67% which was lower than the CCG and national averages of 73%.
- There was a system to issue and deliver prescriptions without patients having to visit the surgery.
- The practice had identified patients over the age of 75 who found it difficult to access the surgery or had not been diagnosed with any condition and offered a mental and physical health review.
- Patients at high risk of hospital admission who were not under the care of a community matron were referred to a CCG employed Care Co-ordinator who liaised with NHS and social care services to ensure patients were supported.

People with long term conditions

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

Good



- Staff members contacted all patients who had failed to attend for their condition review on a weekly basis to ensure they were informed of the importance of regular reviews, to encourage attendance and identify and remove barriers to them attending.
- Performance for diabetes related indicators was better than the national average. In the preceding 12 months, all patients newly diagnosed with diabetes had a record of being referred to a structured education programme within 9 months (CCG and national average 90%).
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

- Administration staff had received additional training and were given lead roles to improve QOF outcomes. They worked closely with nursing staff to proactively identify and contact patients with long term conditions to ensure they knew the importance of attending review appointments.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. For example, the Care Co-ordinator.
- Combined clinics were held between GPs, nurses and health care assistants to ensure that patients with complex conditions could be reviewed in a single appointment where possible.
- The practice hosted a health trainer who held weekly clinics for patients with long-term conditions to help co-ordinate the care they received. The health trainers met with patients on a one to one basis in the practice or in patients' own homes. The health trainers provide advice on maintaining a healthy lifestyle, managing stress and identify community support services.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 96% to 100%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day access for babies and young children was prioritised.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

- The practice hosted a paediatric nurse clinic

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 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 reflected the needs for this age group.
- Late appointments were offered on Mondays and Tuesdays and the practice offered same day telephone consultations for working people and those who could not physically attend the surgery.
- Patients could attend the open access phlebotomy service every morning Monday to Friday without an appointment.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- They offered longer appointments for people with a learning disability.
- The practice regularly worked with multi disciplinary teams in the case management of vulnerable people.
- They had identified vulnerable patients, such as those experiencing domestic abuse, and told them about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice accommodated all call-back requests where patients were unable to afford the cost of the telephone call.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- The practice improved their patient uptake of annual dementia reviews by 20%. An advanced nurse practitioner carried out annual reviews, including a review of their medication in patients' own homes.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months compared with the national average of 88%.
- The practice actively worked with multi disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- They 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.
- They 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 people with mental health needs and dementia. The practice was a designated Dementia Friendly Practice and staff had received additional training to better understand the needs of this group.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in January 2016. The results for the practice were comparable with local and national averages. A total of 330 survey forms were distributed and 122 were returned giving a response rate of 37%. This represents 4% of the practice population.

Of these responses:

- 83% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 76% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 17 comment cards which were all positive about the standard of care received. Comments included that staff were friendly, caring, helpful and respected patients. Three patients commented that the health care assistant was excellent at listening and offering advice. One patient said it was a pleasure to attend for health checks with the health care assistant.

The practice had carried out its own survey of patients in 2015. Of 110 patients who responded, 71% said their overall satisfaction with the practice was excellent or very good. No patients said that it was poor. Patients highlighted longer waiting times and the length of time to get an appointment. As a result the practice increased the number and skill mix of clinical staff to increase capacity and the time clinicians could spend with patients.

We spoke with seven patients during the inspection. All seven patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. Four patients told us they could get appointments when they needed and staff never made them feel rushed.

Areas for improvement

Action the service SHOULD take to improve
The areas where the provider should make improvements are:

- Ensure benzylpenicillin is available for suspected cases of meningitis
- Ensure clinical waste bags are labelled in line with current legislation and guidance.

Outstanding practice

We saw one area of outstanding practice:

Data showed that the practice had significantly improved patient outcomes. For example, in the past 12 months the practice improved their patient uptake of annual dementia reviews by 20%. An advanced nurse practitioner carried out annual reviews, including a

review of their medication in patients' own homes. Data for 2014/15 showed that 75% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months. The practice provided data for 2015/16 that showed this had increased to 95% which was significantly higher than local and national averages.

Liversedge Medical Centre

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 and a practice nurse specialist advisor.

Background to Liversedge Medical Centre

Liversedge Medical Centre provides primary care services to 3379 patients under a Personal Medical Services (PMS) contract with NHS England.

- The practice is located in Liversedge Health Centre, Valley Road, Liversedge, West Yorkshire, WF15 6DF which was renovated in 2013. The premises are accessible to wheelchair users and all services are at ground floor level. There is parking available for staff and patients.
- The area is on the fifth decile of the scale of deprivation. Nine per cent of patients are from Black Minority and Ethnic (BME) populations. Six per cent of patients claim Disability Living Allowance.
- The practice works closely with two other local GP practices, Healds Road Surgery and Albion Street Surgery to improve services for patients, share learning and provide staff cover as necessary.
- The practice hosts an audiology clinic, health trainers and a paediatric nurse clinic which are operated by a local community provider.
- There are four GPs, two male and two female; two advanced nurse practitioners, one male and one female;

two female practice nurses and two female health care assistants. In addition there is a team of administrative staff and an office manager. The practice manager is shared with Healds Road Surgery.

- The practice provided training and mentoring of nurses and advanced nurse practitioners. A student nurse was on placement at the time of our inspection.
- The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 6pm daily. Extended hours surgeries are offered until 7pm on Mondays and Tuesdays.
- When the practice is closed out of hours services are provided by Local Care Direct and NHS 111.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 May 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, nurses and administration staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- We saw evidence that incidents were discussed at staff meetings and a joint annual meeting was held with other practices in the group to identify themes and trends and share lessons learned.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. National patient safety alerts were received and provided to staff who signed to confirm they had received and acted on them appropriately. The practice had learned from the CQC inspection of another practice in the group and implemented this system to ensure staff received and acted upon them. We saw evidence of recent action taken as a result of patient safety alerts. For example, the protocol for home visits was discussed and updated in response to a recent alert.

When there were unintended or unexpected safety incidents, people received appropriate support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. Policies and action flowcharts which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare were displayed in the reception office and clinical areas.

- 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 relevant to their role. All GPs and nurses were trained to Safeguarding level three.
- Notices in the waiting room and consulting rooms advised patients that staff would act as chaperones, if required. A chaperone policy was available and all staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. An external company were employed to provide cleaning services. We observed the premises to be clean and tidy and patients told us that they were satisfied with the cleanliness of the practice. A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams and attended nurse forum meetings to keep up to date with best practice. There was an IPC protocol in place and we saw evidence that staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were systems to ensure staff segregated household and clinical waste appropriately. Clinical waste was stored securely. However, we noted that clinical waste bags were not labelled to show the source of the waste. The practice gave assurance that all waste bags would be clearly labelled in the future in line with guidance.
- Medicines, emergency drugs and vaccinations were appropriately stored, in date and secure. The practice nurse monitored and recorded the temperature of the two vaccine fridges in line with Public Health England guidance. She regularly audited the contents of the fridges but these audits were not documented. The practice gave assurance that these would be recorded in the future. A device to provide 24 hour monitoring of the fridge temperature had been purchased in response to an incident at another practice in the group. The device had not been installed at the time of the inspection. The nurse told us this would be implemented and training

Are services safe?

undertaken to ensure its correct use. The practice could not locate the contingency plan for action to be taken in the event of the vaccine fridge failure. The plan was found and sent to us immediately after the inspection.

- The arrangements for prescribing and recording were in accord with accepted guidance. Prescription pads were securely stored and there were systems in place to monitor their use.
- The practice carried out regular medicines audits, with the support of the North Kirklees CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. Staff had received fire safety training and serviced fire extinguishers were available throughout the premises. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked and calibrated to ensure it was working properly.
- The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. The landlord was responsible for carrying out actions identified by the health and safety

and legionella risk assessments, and the practice could provide evidence that actions were taken. For example, taps and a shower were run on a weekly basis. There was a system for the practice to request maintenance and report faults. Up to date records were maintained by the practice.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Clinics and appointments were reviewed weekly to ensure that enough staff were on duty. Staff from other practices in the group provided cover where possible and the practices worked together to maintain consistent policies and procedures.

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 utility room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There were also spillage kits and a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. A health care assistant was responsible for checking the emergency kit. All the medicines we checked were in date and fit for use. However, benzylpenicillin which is used in suspected cases of meningitis was not available. The practice gave assurance that this would be obtained.
- 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 and the building owners. The GPs and practice manager kept copies of the plan at their homes.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, the practice nurse used NICE guidance on pre-diabetes to identify patients who were at risk of developing diabetes.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 98% of the total number of points available, with 12% exception reporting. The practice continually reviewed their QOF performance.

Data from 2014/15 showed;

- Performance for mental health related indicators was better than the national average. All patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record (CCG average 89%, national average 88%). The exception rate was zero (CCG rate 11%, national average 13%).
- 99% of patients with COPD had a review, undertaken by a health care professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (CCG and national average 90%).
- The practice improved their patient uptake of annual dementia reviews by 20%. An advanced nurse practitioner carried out annual reviews, including a

review of their medication in patients' own homes. Data for 2014/15 showed that 75% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months (CCG average 83%, national average 84%). The practice provided data for 2015/16 that showed this had increased to 95%.

The practice nurse was the diabetic lead, supported by the healthcare assistant. Performance for diabetes related indicators was better than the national average. All patients newly diagnosed with diabetes, in the preceding 12 months had a record of being referred to a structured education programme within 9 months (CCG and national average 90%). The exception rate was 25% which was better than the CCG rate of 39% and the national average of 27%. The nurse actively identified patients at risk of diabetes. She opportunistically assessed and offered testing for diabetes and diabetes prevention advice to patients who attended for other health reasons. For example, hypertension reviews and annual reviews of other long term conditions and patients identified with a high Body Mass Index (BMI) score. BMI is used to determine if a person is overweight in relation to their height.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- The practice nurse carried out an audit of pre-diabetic patients. Results showed that 54 patients had been identified with HbA1c levels of 43 to 47. At the review, following intensive advice: 26 patients reduced their HbA1c, five patients stayed the same and did not progress towards diabetes, 13 patients had an increase in their HbA1c (four received a diagnosis of Diabetes). HbA1c is used by clinicians to get an overall picture of what our average blood sugar levels have been over a period of weeks/months.
- Findings were used by the practice to improve services. For example, an action was taken to refresh the understanding and implementation of aseptic

Are services effective?

(for example, treatment is effective)

techniques for both the minor surgery GP practitioner and health care assistant in accordance with local/national infection prevention and control policy and guidelines, as a result of a minor surgery audit.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. A new member of staff was employed in January 2016 and we saw a checklist which confirmed the induction process had been completed.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, such as for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The practice nurse was a mentor for student nurses and a student nurse was on placement at the practice at the time of our inspection who informed us they had experienced excellent mentorship.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months. Staff told us they felt encouraged to develop in their role and were well supported. The healthcare assistant was registered to complete level four assistant practitioner training. Assistant practitioners work under the direction of a health professional such as a nurse. They can often work without supervision, to carry out agreed procedures, referring to a professional for guidance when necessary.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training and were able to describe their responsibilities in

relation to these areas. The practice used e-learning for mandatory staff training and we saw certificates were printed and retained upon satisfactory completion of training modules.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services. For example, patients at high risk of hospital admission who were not under the care of a community matron were referred to a CCG employed Care Co-ordinator who liaised with NHS and social care services to ensure patients were supported.
- The practice had sought to improve the management of patients with long term conditions by using a whole team approach. Administrative team members had received training and were each responsible for a QOF condition target and they liaised with the appropriate clinician on a weekly basis. Administrative staff actively contacted patients to discuss their well-being, remind them of their review appointments and encourage attendance. Administrative staff members told us they felt empowered by this responsibility and felt they were contributing to the health improvements made by the practice.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that clinical meetings were held weekly and staff had agreed lead areas for disease management. Multi disciplinary team meetings took place on a monthly basis and we saw evidence that care plans were routinely reviewed and updated.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

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

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation. Patients were then signposted to the relevant service.
- The nurse and healthcare assistant gave smoking cessation brief intervention advice. Ninety five per cent of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months (CCG and national average 87%).
- The nurse and healthcare assistant had received additional training and carried out alcohol brief intervention advice. They used AUDIT-C which is a recognised screening tool that can help identify persons who are hazardous drinkers or have active alcohol use disorders. Data showed that in 2015, 83 patient had been reviewed using the screening tool and a further 28 patients had received structured advice to reduce their alcohol consumption.
- The practice were starting a weekly walking group and we saw displays in the waiting room which explained the benefits of regular walking and encouraged patients to join. After the inspection staff told us it had generated interest and prompted discussions between patients and clinicians about walking and regular exercise.

Staff referred or encouraged patients to self-refer as appropriate to the local health trainers who met with

patients on a one to one basis in the practice on in patients' own homes. The health trainers provide advice on maintaining a healthy lifestyle, managing stress and identify community support services. The health trainer provided evidence that of the nine patients they had recently seen, four completed the health trainer journey. Four patients had partially achieved goals including eating healthier, reducing portions, becoming more active, pain management and using relaxation and breathing techniques. One patient fully achieved their goals and designed their own food and activity diary. Two had fully achieved goals of eating healthier, reducing portions, becoming more active, increasing water/ fluid intake and using relaxation. Four of these patients had mental and emotional wellbeing issues that were impacting and creating barriers to changing their habits and work was done around unhelpful thinking and resistance to activity due to pain.

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

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Fifty two per cent of patients, aged 60 to 69, were screened for bowel cancer in last 30 months compared with the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 96% to 100%.

Flu vaccination rates for the over 65s were 67%, and at risk groups 44%. These were below the national averages of 73% and 53% respectively. The practice sought to increase the uptake of flu vaccinations however many patients from ethnic backgrounds refused for cultural reasons.

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

Are services effective?

(for example, treatment is effective)

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 17 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Three patients commented that the healthcare assistant was excellent at listening and offering advice. One patient said it was a pleasure to attend for health checks with the healthcare assistant.

We also spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's results were comparable with CCG and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients positively to questions about their involvement in planning and making decisions about their care and treatment.

For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to 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 national average of 85%.

The practice had reviewed the results of the national GP survey and undertaken its own patient survey in 2015. Of 110 patients who responded, 78 said their overall satisfaction with the practice was excellent or very good. No patients said that it was poor. Patients highlighted longer waiting times and the length of time to get an appointment. As a result they increased the number and skill mix of clinical staff to increase capacity and the time clinicians could spend with patients. For example, additional female GPs and an advanced nurse practitioner were employed.

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language and health information was available in other languages.

Patient and carer support to cope emotionally with care and treatment

Notices and health information leaflets were available in the waiting room. Patients told us that staff discussed how to access a number of support groups and organisations and information was provided during consultations. We saw thank you cards and letters from patients thanking staff for supporting them through treatment and periods of ill health. One patient asked to speak to us, he told us the healthcare assistant had been very supportive and helped to identify a support worker for him.

The practice had identified 24 patients (less than 1%) as carers. The practice's computer system alerted GPs if a patient was also a carer. All carers were offered an annual health check, flu vaccination and written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they hosted additional local services including hearing clinics, paediatric nurse clinics and health trainer clinics to co-ordinate patient care.

- The practice offered extended hours clinic' and phlebotomy service on Monday and Tuesday evenings until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits and home delivery of prescriptions were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Telephone consultations were offered to patients who could not attend the surgery.
- All patients who failed to attend an appointment were telephoned by the practice to reschedule their appointment and encourage attendance.
- The practice accommodated all call-back requests where patients were unable to afford the cost of the telephone call.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 6pm daily. Extended hours surgeries were offered until 7pm on Mondays and Tuesdays.

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

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

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

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 83% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The number of available appointments was reviewed on a weekly basis and additional clinics scheduled where possible. The practice had analysed the results from the national GP patient survey and increased the number of clinical staff and employed female GPs. The patients we spoke to told us they usually did not have to wait long to be seen.

Listening and learning from concerns and complaints

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

- There was a designated responsible person who handled all complaints in the practice.
- There was a practice complaints policy and procedure and we saw that information was available to help patients understand the complaints system. However, the policy and procedures were not in line with recognised guidance and contractual obligations for GPs in England. For example, how to contact the ombudsman if they were not satisfied with the outcome of the practice complaints procedure. The practice provided evidence after the inspection that the policy and complaints information provided to patients was updated to include this information.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, staff ensured that all conversations with patients or carers were documented.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. Staff understood practice targets and areas where improvements were required.
- The practice was one of a group of 11 practices that recently submitted proposals to the NHS Estates and Technology Transformation Fund to transform care for 90,000 patients in Cleckheaton, Heckmondwike, Mirfield, Dewsbury and Ravensthorpe localities in North Kirklees.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Administrative and clinical staff worked closely to proactively improve patient outcomes
- 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 which was used to monitor quality and to make improvements
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- the practice gave reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- Themes and trends of incidents were discussed at partners' meetings.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued, supported and empowered, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis and discussed proposals for improvements to the practice management team. For example, providing an additional phone line to improve access, providing customer care training for staff and advising on the information available to patients in the waiting room.

Are services well-led?

Good 

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

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, using the skills of the whole practice team to ensure patients received consistent messages and were proactively encouraged to attend for appointments.

The practice provided training and mentorship for nurse students.