

# The University Health Centre

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The University Health Centre on 12 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it generally easy to make an appointment with a named GP. The practice was responsive to the needs of their population group by reserving numbers of appointments for booking on the day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice worked closely with the University of Huddersfield in promoting health and wellbeing, and proactively engaged with students at the beginning of their course of study.
- The practice had developed effective services in relation to sexual health and had shared this experience with other practices.
- 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.

We saw one area of outstanding practice:

The practice was responsive to the needs of a significant group from within their patient population. The practice offered screening for latent tuberculosis to new student patients and their families who came from countries where the risk of TB is high ( Latent tuberculosis or Latent

# Summary of findings

TB is when a person has TB bacteria in their body but there are no symptoms, so they will not feel unwell. You cannot pass latent TB on to others, but there is a risk that you will become ill with active TB later on, especially if your immune system is weakened) . New patients who met the screening criteria were targeted at registration and were encouraged to be tested. This targeted approach saw rates of testing from this specific population group rise from 40% prior to the introduction

of this new approach to 90% in 2014-2015 when 1090 patients were screened out of a total of 1245 new patients who were identified as originating from high TB risk countries. Post screening the practice took time to explain results to patients and arrange any necessary follow on activity and treatment.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- There were effective processes in place for safe medicines management and prescribing.
- The practice had developed a comprehensive business continuity plan to ensure the effective delivery of services in the event of disruption or emergency.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were comparable for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. For example an audit of minor surgery identified on-going training needs for clinical staff, as a result additional staff training was received.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. The practice also worked closely with the University's Wellbeing and Disability Services and other student groups to improve outcomes for patients.
- The practice offered a number of specific clinics and drop in sessions for contraception and sexual health, minor injuries, phlebotomy, travel, weight reduction, asthma, diabetes, alcohol support and psychotherapy

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data showed that patients rated the practice higher than others for several aspects of care, for example 96% of respondents to the GP Patient Survey said the last nurse they spoke to was good at explaining tests and treatments to them as opposed to a Greater Huddersfield CCG average of 90.1% and an England average of 89.6%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible, and staff were observed taking time to explain services to patients for whom English was not their first language.
- 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



- It 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 it operated a contraception and sexual health service and a Latent TB screening service to meet the needs of its specific population.
- Patients said they generally found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. We saw evidence showing that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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.

# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of the requirements of the Duty of Candour (the intention of this duty is to ensure that providers of health and care services are open and transparent with people who use these services when for example errors are made or harm caused). The partners encouraged a culture of openness and honesty. The practice had systems in place for identifying and acting upon notifiable safety incidents.
- The practice proactively sought staff and patient feedback, which it acted on. The patient reference group was active.
- There was a ethos within the practice which concentrated on continuous learning and improvement at all levels. The practice had a strong focus on training and had supported other practices within the local Federation, Prime Health Huddersfield, in relation to contraception and sexual health services.

# 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



- Although the practice had a low overall population of older patients (only 20 patients registered were aged 70+ years old) we saw evidence that the practice offered proactive, personalised care to meet the needs of these older people within its patient population.
- It was responsive to the needs of older people, and offered home visits, longer consultations and urgent appointments for those with enhanced needs.
- Meetings were held with the community matron to discuss the needs of patients.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients with a long term condition had a named GP and structured reviews were carried out to check that their health and medicines needs were being met.
- The practice took active health promotion steps raising awareness amongst the student population of a number of conditions including diabetes and asthma.

### Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients and staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Childhood immunisation and cervical screening uptake rates were comparable to other practices locally and nationally.

# Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had developed an effective contraception and sexual health service which had 1350 first attendances and 373 follow ups between April 2014 and March 2015.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. In particular as a practice supporting a university the practice tailored its services to the needs of both UK and international students. For example the practice made more appointments available on a book on the day basis as this was the preferred appointment system for this population group.
- 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.
- Extended hours were available on Thursday evenings 6pm to 8.30pm and an on call GP was available for direct contact by the practice between 8am and 8.15am, and between 6pm and 6.30pm Monday to Friday. (Note since the inspection was carried out extended hours have changed to Thursday 6.30pm to 8pm).
- The practice had introduced an App which allowed service users to have improved access to, and communication with, the practice (an App is a piece of software or program which is downloaded by a user to a mobile device). From March 2015 to 11 November 2015 there were 2911 users registered and 3735 pageviews had been made.
- The practice had developed a successful and effective Latent TB screening service. This service is provided as part of new registration patient health checks, and is offered to patients from World Health Organisation identified high TB risk countries. Since moving to this system of working attendance rates at screening had risen from 40% to 90%, with 1090 being screened out of a possible 1245 identified patients between 1 April 2014 and 31 March 2015.

Outstanding





# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make the vulnerable. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

Good



- Patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the record in the preceding 12 months.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice worked closely with the University Wellbeing and Disability Services to promote mental health awareness and received referrals from the centre for students experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- The practice had a dedicated Carers Champion and staff were trained to be Dementia Friendly and were therefore better equipped to support the needs of carers and their patients with dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. There were 458 survey forms distributed of which 36 were returned, this was a response rate of only 7.9% of those surveyed (0.28% of the total practice population). It should be noted that response rates for younger adults and those from Black and Minority Ethnic backgrounds to postal surveys tend to be lower than for the general population (Increasing Response Rates Amongst Black And Minority Ethnic And Seldom Heard Groups – Sheldon H et al 2007 Picker Institute Europe).

- 73.2% found it easy to get through to this surgery by phone compared to a CCG average of 74.1% and a national average of 73.3%.
- 95% found the receptionists at this surgery helpful (CCG average 87.5%, national average 86.8%).
- 93.2% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85.8%, national average 85.2%).
- 96.6% said the last appointment they got was convenient (CCG average 91.9%, national average 91.8%).
- 74% described their experience of making an appointment as good (CCG average 73.8%, national average 73.3%).

- 87.8% usually waited 15 minutes or less after their appointment time to be seen (CCG average 66.1%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards, of these 35 were positive about the standard of care received. Comments on the cards noted the high standard of care received and the helpfulness and friendliness of staff. Of the ten other responses six outlined difficulties in booking appointments.

We spoke with six patients during the inspection. Of these, five patients said that they were happy with the care they received and thought that staff were approachable, committed and caring, in particular it was noted that patients felt that they were involved in decision making with regard to the care and treatment they received. One of the patients we spoke with during the inspection said that they were frustrated by the processes and treatment pathways suggested by the practice, which were different from those experienced in their home country.

Results from the latest NHS Friends and Family test showed 96% of respondents would be likely to recommend this practice.

# The University Health 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, a practice nurse specialist advisor, a practice manager specialist advisor and two additional CQC inspectors.

## Background to The University Health Centre

The University Health Centre serves a premoninantly student population and is located within Greater Huddersfield Clinical Commissioning Group (CCG). The practice has been operating from a purpose built building since 2005 and is located next to the University of Huddersfield's main building. The reception and consulting rooms are on upper floors and can be accessed via a lift or a staircase. The practice provides services for 12740 patients of whom around 85% are students (37% of registered patients being international students). Due to the high student population the demographic profile of the practice is heavily weighted to reflect this age group with only 0.4% of the registered patients being aged 65+ years.

The practice is situated in the third most deprived decile in the locality. People living in more deprived areas tend to have greater need for health services.

The practice registers:

- University students, their partners, parents and children
- University staff, their partners, parents and children
- Members of the general public on application (although the practice generally restricts its list to those with a

University connection, i.e. students and their families, staff and their families – if the list size is decreasing and there is capacity within the practice, members of the general public may ask to register).

The practice provides services for patients under the terms of the Personal Medical Services (PMS) contract and is registered with the Care Quality Commission (CQC) to provide the following services; treatment of disease, disorder or injury, diagnostic and screening procedures, family planning, surgical procedures and maternity and midwifery services. In addition to this the practice offers a range of enhanced local services including those in relation to; alcohol support, childhood vaccination and immunisation, Rotavirus and Shingles immunisation, Influenza and Pneumococcal immunisation, extended hours, remote care monitoring and patient participation.

The practice operates a number of clinics for patients, these include; contraception and sexual health, minor injuries, phlebotomy, travel, weight reduction, asthma, diabetes, alcohol support and psychotherapy.

The practice has three GP partners (two male one female) and four salaried GPs (one male three female). In addition there are two female nurse practitioners, three female nurse prescribers/practice nurses and a female healthcare assistant in post as well as the services of a behavioural psychotherapist on a sessional basis. Clinical staff are supported by a practice manager and an administration and reception team. The practice offers both pre-bookable appointments available in advance and book on the day appointments. The appointments can be booked face to face, via telephone, on line or via the practice App.

The practice is open between 8.15am to 6pm Monday to Friday with extended opening from 6pm to 8.30pm on Thursday. (Note since the inspection was carried out extended hours have changed to Thursday 6.30pm to 8pm).

# Detailed findings

Consulting times are;

Monday: 8.30am to 12 noon and 1pm to 5.30pm

Tuesday: 8.30am to 12 noon and 1pm to 5.30pm

Wednesday: 8.30am to 12 noon and 1pm to 5.30pm

Thursday: 8.30am to 12 noon and 1pm to 8.30pm

Friday: 8.30am to 12 noon and 1pm to 5.30pm

In addition duty GPs are available for contact by the practice Monday to Friday 8am to 8.15am and 6pm to 6.30pm.

Out of hours care is provided by Local Care Direct and is accessed via the practice telephone number or NHS 111.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations such as Greater Huddersfield CCG to share what they knew, we also reviewed the latest data from the Quality Outcomes Framework (QOF), the national GP patient survey and NHS Choices. In addition we examined a wide range of policies, procedures, records and other information requested by us prior to the inspection.

We carried out an announced visit at the University Health Centre on 12 November 2015. During our visit we:

- Spoke with a range of staff who included GP partners, salaried GPs, practice nurses and the healthcare assistant as well as the practice manager and members of the administration and reception team.
- Spoke with six patients who used the service including four members of the Patient Reference Group.
- Observed how people were being treated at reception and over the telephone.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at treatment plans and information the practice used to deliver patient care.
- Made a physical inspection of the facilities and equipment within the practice.

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)

## Detailed findings

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.
- We saw evidence that the practice carried out a thorough analysis of significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had identified that some incoming laboratory test results had not been picked up by staff in a timely manner. These delays had been investigated thoroughly, learning had been identified and actions were put in place to prevent a recurrence of these issues.

### 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and a deputy was available to provide cover. 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 staff were trained to the required levels of safeguarding.
- Notices were displayed in the waiting room and in other areas around the practice which advised patients that nurses would act as chaperones if required (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during a medical examination or procedure). All staff who acted as chaperones were

trained for the role and had received a disclosure and barring 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). We saw evidence that staff who acted as chaperones recorded this activity on the patient record.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A named nurse practitioner was the infection prevention and control clinical lead, and they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example a previous audit had highlighted issues with regard to cleaning, as a response the practice instituted a new cleaning regime and upgraded flooring and seating to facilitate more effective cleaning and disinfection.
- There were arrangements for managing medicines, including emergency drugs and vaccinations, in the practice to keep patients safe. This included obtaining, prescribing, recording, handling, storing and maintaining security of medicines. Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- 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. The practice

## Are services safe?

had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. In addition staff leave was embargoed for a six week period from mid September each year to allow the practice to cope with the influx of new student registrations and health checks.

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

The practice had 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 basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also 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. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Key members of staff had copies of the plan which were kept off-site and therefore available if access to the building was not possible. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. This was achieved through the practice intranet system and through regular meetings. 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 being followed through audits and patient reviews.
- The practice was aware of the needs of its mainly student population and had developed a number of specific services to meet these needs. This included a dedicated contraception and sexual health service which had 1350 first attendances and 373 follow up appointments between April 2014 and March 2015 and clinics and other support work in relation to asthma, mental health and eating disorders.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a voluntary system intended to improve the quality of general practice and reward good practice). The practice recognised that due to its population demographics certain indicators within QOF such as those related to diabetes would be difficult to attain (performance for diabetes related indicators was lower when compared to the CCG and national average at 70.9% (20.1% below the CCG average and 18.3% below the national average) and as a result they have worked with the CCG to agree outcomes more relevant to the local population, for example concentrating of health promotion and awareness with regard to diabetes rather than activity directly related to treatment. The most recent published QOF results were that 92% of the total number of points available were attained, and exception reporting was 13.6%

(When patients are exception reported from an indicator, they are not included in the calculation of a practice's achievement against that indicator). The figure for exception reporting appears high, but can partly be explained by the practice population being composed predominantly of students and their families, many of whom are away from practice treatment services for extended periods of time. Additional data from 2014/15 showed;

- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average at 79.1% (2.8% below the CCG average and 1.3% below the national average).
- Performance for mental health related indicators was similar to the CCG and national average at 92.3% (the same as the CCG average and 0.5% below the national average).

Clinical and management audits had been carried out in the last 12 months, these included audits into infection prevention and control and minor injuries. Both these audits identified quality improvement requirements, and these had been actioned by the practice in respect to cleaning and training respectively.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence that we reviewed showed:

- 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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- 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 via one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.



# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. During the inspection staff were able to demonstrate how this learning had been implemented in the practice.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place and that care plans were routinely reviewed and updated. The practice worked closely with the University's Wellbeing and Disability Services Centre and other student groups to improve access to services and positive health outcomes for patients through joint awareness raising and direct referral of students to the practice.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, 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 patient carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation, alcohol consumption and sexual health issues. Patients were then either offered appropriate services from the practice or signposted to a relevant external service.
- The practice had developed a successful and effective Latent TB screening service. This service is provided as part of new registration patient health checks, and is offered to patients from World Health Organisation identified high TB risk countries. Between April 2014 and March 2015 1090 patients were screened and 18 were diagnosed with Latent TB and offered appropriate treatment.
- The practice offered a number of specific clinics and drop in sessions for contraception and sexual health, minor injuries, phlebotomy, travel, weight reduction, asthma, diabetes, alcohol support and psychotherapy.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 81.9%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 66.7% to 100%. However flu vaccination rates for the over 65s were 68.8%, and for at risk groups were at 38.1%, these were both below the national average.

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

# Are services effective?

(for example, treatment is effective)

Health promotion material was displayed in reception through the use of notice boards and a cycle of displays on television monitors.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people dignity and respect, in particular they took time to explain information to patients, some of whom spoke English as a second language.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatment.
- We noted that clinicians greeted patients on calling for consultation and 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 interview room to discuss their needs.
- The reception desk had a lowered section making it more accessible to those who were wheelchair users.
- Automated self-check in was available for appointments.

Of the 45 patient CQC comment cards we received 35 were positive about the service experienced. These patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Of the ten other responses six outlined difficulties in booking appointments.

We also spoke with four members of the patient reference group. They also told us they were highly 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 was generally above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 88.3% said the GP was good at listening to them compared to the CCG average of 90.3% and national average of 88.6%.

- 100 % said the GP gave them enough time (CCG average 92.4%, national average 91.9%).
- 100 % said they had confidence and trust in the last GP they saw (CCG average 96.1%, national average 95.2%)
- 88.3 % said the last GP they spoke to was good at treating them with care and concern (CCG average 87.8%, national average 85.1%).
- 91.5% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.5%, national average 90.4%).
- 95% said they found the receptionists at the practice helpful (CCG average 87.5%, national average 86.8%)

### 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 generally positive and aligned with these views.

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

- 86.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.7% and national average of 86%.
- 85.6% said the last GP they saw was good at involving them in decisions about their care (CCG average 84.5% , national average 81.4%).

Staff told us that translation services were available for patients who did not have English as a first language, however the practice often depended on family members or friends to translate for patients. This is not ideal in all instances and the practice should review their approach for patients who are reliant on family members or friends for translation services and ensure adequate safeguards are in place. Some vulnerable people may be disadvantaged by a reliance on family members or friends for interpreter support whilst accessing services and attending consultations.

## Are services caring?

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Written information was available to direct carers to the various avenues of support available to them.

We were informed that advice and support with regard to bereavement was available from practice staff.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Thursday 6pm to 8.30pm (Note since the inspection was carried out extended hours have changed to Thursday 6.30pm to 8pm).
- There were longer appointments available for people with a learning disability, for older people and those with long term conditions.
- Home visits were available for older patients / patients who would benefit from these.
- Book on the day appointments were available for patients.
- There were disabled facilities, hearing loop and translation services available.
- The practice had installed a lift as the reception and consulting rooms were located on upper floors.
- The practice had developed effective services in relation to sexual health and had shared this experience with other practices within their local Federation Prime Health Huddersfield. From April 2014 to March 2015 1350 first attendance contacts were made with the service. Overall patient satisfaction with the service in a survey carried out from January to March 2015 was high, 94% of respondents scored the service either nine or ten out of ten.
- The practice has had active dialogue with the local Lesbian Gay Bisexual and Transgender (LGBT) forum. This has allowed all staff to become more aware of LGBT specific issues and to support the needs of this specific group. Examples of outcomes have been the promotion of access opportunities to the sexual health service and the introduction of a process for changing names and gender titles for those patients who are transitioning.

### Access to the service

The practice had tailored its appointment system to meet the needs of its population. The practice embargoed a percentage of pre-bookable appointments for dates up to six weeks in advance and released these on a daily basis to meet the identified book on the day demand of their

predominantly student population. In addition the practice had launched an App which allowed service users to have improved access to, and communication with, the practice. The App also offered health and wellbeing information. From March 2015 to 11 November 2015 there were 2911 users registered and 3735 pageviews had been made.

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.

- 84.4% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.2% and national average of 74.9%.
- 73.2% patients said they could get through easily to the surgery by phone (CCG average 74.1%, national average 73.3%).
- 74% patients described their experience of making an appointment as good (CCG average 73.8%, national average 73.3%).
- 87.8% patients said they usually waited 15 minutes or less after their appointment time (CCG average 66.1%, national average 64.8%).

### Listening and learning from concerns and complaints

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

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

We looked at complaints received in the last 12 months and these were dealt with in a satisfactory and timely manner. Lessons learned from complaints are dealt with in a similar manner to significant events and outcomes are cascaded to all relevant staff to improve quality of care. For example learning from a previous complaint had led to changes being made to the practice complaint handling process and increased the level of communication entered into with the complainant.

# 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 mission statement which staff knew and understood.
- The practice had developed a strategy and supporting business plans which reflected the vision and values and these were regularly monitored. In particular the practice had a rigorous approach to risk assessment and was fully aware of emerging challenges in relation to succession planning, funding and the decommissioning of services, as well as the impact that its specific patient population had on the operation of the practice and the additional demands on capacity this could entail.

### 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:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was known
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- Policies were readily available on the practice intranet.

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality

care. They prioritise safe, high quality and compassionate care. The partners 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 the Duty of Candour and their responsibilities with regard to it. The partners encouraged a culture of openness and honesty. The practice had systems in place for identifying and acting upon notifiable safety incidents.

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. We also noted that team away days and social events were held.
- Staff said they felt respected, valued and supported, 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 reference group and through surveys and complaints received. There was an active patient reference group which met on a six monthly basis, and submitted proposals for improvements to the practice management team. For example, it was identified that car parking at the practice was an issue. As a way of resolving this, the practice engaged with a private car parking enforcement company who have ensured that the car park is not abused by those not using the practice. Feedback from the patient reference group indicated that since this action the availability of parking for patients has improved.

# 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 surveys, staff meetings and the annual appraisal process. 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 to improve outcomes for patients in the area. Examples of this included the Latent TB testing programme, and the contraception and sexual health service which were on offer in the practice.