

Keighley Road Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Keighley Road Surgery on 16 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.

- Patient Champions had been established to develop innovative services aimed at improving the health and well-being of the practice population.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a GP or nurse practitioner and that there was continuity of care, with urgent appointments available the same day.
- The practice made good use of the facilities available to them and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw the following examples of outstanding practice:

Summary of findings

- The practice business manager had been instrumental in setting up the local 'Pennine GP Alliance' which was established to facilitate collaboration between local practices in innovating and improving services to local people.
- One of the nurse practitioners had led on setting up a local nurse practitioner forum which had

implemented changes in the scope of the nurse practitioner role. These changes had been adopted by all practices in Calderdale and was being extended to the Kirklees practices.

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Patients' needs were assessed and care was planned and delivered in line with current clinical guidelines and legislation. This included assessing capacity and promoting good health.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All staff had received an annual appraisal and personal development plan.
- Staff worked with multidisciplinary teams to plan care and deliver appropriate treatment for those patients with more complex needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- 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.

Good



Summary of findings

- 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.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Calderdale Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example volunteer patient champions had been selected and trained to develop services to promote good health and provide health education to patients.
- Patients said they found it easy to make an appointment with a GP or nurse practitioner and that there was continuity of care, with urgent appointments available the same day.
- The practice made good use of their facilities, having recently made several improvements to the premises and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- 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 staff and clinical meetings.
- There was an overarching governance framework which supported the delivery of the strategy to provide 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 and adapted services in response. The patient participation group was active and was involved in developing services to better meet patient need.

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels. The practice provided training opportunities for trainee GPs, student nurses and administrative apprenticeships
- The practice business manager had been instrumental in setting up the local 'Pennine GP Alliance' which was established to facilitate collaboration between local practices in innovating and improving services to local people.
- One of the nurse practitioners had led on setting up a local nurse practitioner forum which had implemented changes in the scope of the nurse practitioner role. These changes had been adopted by all practices in Calderdale and was being extended to the Kirklees practices.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of their older patients, many of whom were housebound, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided us with data which showed that 61% of eligible people had received an over 75 year health check in the preceding year.
- Before the inspection we sought feedback from a nursing home who had residents registered at the practice. They told us they were very happy with the service provided by the practice.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Children with diabetes had been included in this group of patients.
- A case finding exercise had been carried out to identify those patients at risk of developing chronic obstructive pulmonary disease (COPD), a lung condition which causes difficulty with breathing. This group of patients were offered early assessment and intervention to help manage any symptoms.
- Patient Champions ran a series of healthy walks which started at the surgery. These walks varied in distance to suit a variety of patient needs and encouraged safe physical activity.
- Data showed that 82% of patients on the diabetes register had a cholesterol recording within normal range compared with 81% nationally.
- 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.

Good



Summary of findings

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and staff gave examples from practice which confirmed this.
- Appointments were available outside of school hours and on Saturday mornings, and the premises were suitable for children and babies.
- Staff provided us with good examples where joint working with midwives, health visitors and school nurses had been effective.

Good



Working age people (including those recently retired and students)

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

- The 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. For example appointments were available on Saturday morning with a GP, nurse practitioner, practice nurse or health care assistant.
- The practice was proactive in offering online services as well as a full range of health promotion and screening reflecting the needs of this age group.
- Data showed that 85% of eligible women had completed a cervical screening test within the preceding five years compared with 82% nationally.

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 and those with a learning disability.
- Longer appointments were offered for people with a learning disability.

Good



Summary of findings

- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people.
- The practice participated in the 'Staying Well' project intended to help combat loneliness and social isolation.
- The practice gave good examples of how they had been able to support vulnerable people, for example by allowing access to practice washing and toilet facilities for a homeless patient over a period of several months and by offering support for patients fleeing domestic violence.
- Staff were aware of additional support services for vulnerable people and described how patients were signposted to these agencies.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were able to demonstrate their awareness 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).

- 95% of patients with schizophrenia and other psychoses had had a comprehensive care plan documented in the preceding 12 months compared to the national average of 90%
- 82% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months compared to the national average of 84%
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Patients were able to access a counselling service in-house which was provided by the local Community Mental Health Team.
- The practice carried out advance care planning for patients with dementia.
- The practice gave patients experiencing poor mental health information about how to access various support groups and voluntary organisations.
- There were systems in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff showed they had a good understanding of how to recognise and support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages, although it was significantly lower with regards to telephone access to the service. There were 341 survey forms distributed and 100 were returned. This represents 30% of the surveyed population and 1% of the practice population as a whole.

- 50% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 82% found the receptionists at this surgery helpful compared to a CCG average of 86% and a national average of 87%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and a national average of 85%.
- 84% said the last appointment they got was convenient compared to a CCG and national average of 92%.
- 66% described their experience of making an appointment as good compared to a CCG and national average of 73%.
- 78% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 70% and a national average of 65%.

The practice acknowledged the difficulties experienced by patients in accessing appointments, and had worked hard to address the issues, in close consultation with the Patient Participation Group (PPG). They had purchased a

new telephone system to help address the problems, and had introduced a new 'options' menu to help direct callers to the correct extension. The telephone dialling code had been changed to a local number. In addition they were actively promoting use of online booking and prescription ordering services. During the inspection we spoke with three members of the PPG who confirmed that these changes had significantly improved patient experience in accessing the surgery by telephone.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received, and described staff as caring and professional. Two people expressed that they previously had found it difficult to get an appointment with a GP, and had been offered an appointment with a nurse practitioner. They did however state they had been happy with the standard of care provided by the nurse practitioner.

We spoke with 16 patients during the inspection, three of whom were members of the PPG. All 16 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. Some patients told us they were not always able to get an appointment with a GP but were seen instead by a nurse practitioner on some occasions. All the patients we spoke with told us they were happy with the standard of care provided by all clinical and reception staff.

Outstanding practice

- The practice business manager had been instrumental in setting up the local 'Pennine GP Alliance' which was established to facilitate collaboration between local practices in innovating and improving services to local people.
- One of the nurse practitioners had led on setting up a local nurse practitioner forum which had implemented changes in the scope of the nurse practitioner role. These changes had been adopted by all practices in Calderdale and was being extended to the Kirklees practices.

Keighley Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team was led by a CQC Inspector. The team included a GP Specialist Advisor and a Practice Manager Specialist Advisor. The team was shadowed by a colleague from the Department of Health.

Background to Keighley Road Surgery

Keighley Road Surgery is situated in Illingworth, Calderdale. Illingworth is a village situated approximately three miles north west of Halifax. It is housed in purpose built single storey premises. The practice has a patient list of 10,539. Most of their patients (96%) are of White British origin. The practice catchment area encompasses urban and semi-rural areas. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England. They offer a range of enhanced services, such as extended hours, minor surgical procedures and childhood vaccination and immunisation.

There are three GPs, one female and two male. Pending the recruitment of a fourth GP partner the practice is being supported by two female locum GPs. There are three advanced nurse practitioners, four practice nurses and two health care assistants (HCA). Pharmacy support is provided by three pharmacists, whose role is to offer medicines management and prescribing support to the clinical team. The clinical team is supported by a practice business manager, three administration managers and a range of administrative, reception and cleaning staff. The practice is a teaching practice, which means it supports the training of

qualified doctors wishing to become General Practitioners. It also provides placement opportunities for student nurses in training, and runs an apprenticeship scheme for practice administration.

The practice had been through significant staffing changes in the previous 18 months, when four GP partners and the practice manager had left the practice or retired. There were plans in place to augment the clinical team by the recruitment of a fourth GP partner.

The practice is classed as being within the group of the more deprived areas in England. The age profile of the practice is comparable to national averages.

Keighley Road Surgery is open between 8am and 6.30pm Monday to Friday. The practice also opens Saturday between 9am and 12pm. Several clinics are held each week including child immunisations, family planning and sexual health, asthma/COPD and diabetes.

Out of hours cover is provided by Local Care Direct and is accessed via the surgery telephone number or by calling the NHS 111 service.

Keighley Road Surgery is situated on Keighley Road, Illingworth, Halifax HX2 9LL.

Why we carried out this inspection

We inspected this service as part of our 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 registered provider is

Detailed findings

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 the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders such as NHS England and Calderdale Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided before the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF), national patient survey, Friends and Family Test (FFT) information. In addition we contacted a nursing home who had residents registered with the practice.

We carried out an announced inspection on 16 February 2016. During our visit we:

- Spoke with a range of staff including one GP, a nurse practitioner, a practice nurse and the practice business manager.
- We also spoke with 16 patients, three of whom were members of the PPG.
- We received six comment cards. We observed communication and interaction between staff and

patients, both face to face and on the telephone. We reviewed the comment cards where patients and members of the public shared their views and experience 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 business manager of any incidents. These were then collated and recorded on the practice electronic system.
- The practice carried out a thorough analysis of significant events and disseminated lessons learned in a timely way.

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, following an incident when a patient who had undergone a hospital procedure presented at the practice to have sutures removed, the practice recognised that a discharge summary had not been received from the hospital advising timescales for removal of sutures. The sutures were removed but were subsequently found to have been removed too early. As a result procedures were changed to ensure that if no discharge summary had been received the clinician contacted the ward directly before carrying out any procedures.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs were unable to attend safeguarding meetings unless it was a very significant case. However they provided reports when requested for

other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to Safeguarding level three.

- Notices in clinical rooms advised patients that receptionists would act as chaperones if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (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). Staff recorded on patient records when a chaperone had been offered, and when one was present during an examination or procedure.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were appropriate (including obtaining, prescribing, recording, handling, storing and security). We noted that the vaccine fridges were overstocked, with some vaccines being stored in the bottom drawer of the fridges. Public Health England practice guidance for vaccination fridges states that fridges should not be overfilled and that vaccines should not be stored in the bottom drawer of fridges. We pointed this out to the practice who rectified the situation immediately and later provided evidence that a new vaccination fridge had been ordered. The practice carried out regular medicines audits, with the support of the local CCG pharmacist and other pharmacists employed by the practice, to ensure prescribing was in line with best practice guidelines for safe prescribing. 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.

Are services safe?

- We reviewed four 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. We noted that health questionnaires had not been completed by newly recruited staff. Following our visit the practice provided evidence of an updated recruitment policy which included a health questionnaire.

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. All electrical equipment was checked to ensure the equipment was safe. We noted that an electrical installation condition report (EICR) had not been implemented. Following the inspection the practice provided evidence that this had been arranged and would be completed within a week of the inspection date. Clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place such as control of substances hazardous to health (COSHH) 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. Annual leave was planned in advance and staff cover scheduled accordingly.

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 reception area.
- 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. 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 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.

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 system intended to improve the quality of general practice and reward good practice). The most recent published results were 94.6% of the total number of points available, with 8.4% exception reporting. Exception reporting rates allow for patients who do not attend for reviews or where certain medicines cannot be prescribed due to a side effect, to be excluded from the figures collected for QOF Data from 2014/15 showed;

- Diabetes related indicators were similar to national averages. For example 92% of patients on the diabetes register had a record of a foot examination in the preceding 12 months compared to a national average of 88%.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 73% which was lower than the national average of 84%. The practice had looked closely at their performance in this area. They had established a robust call and recall system, and figures they had collated to date indicated that the uptake was improving which they were confident would be reflected in the following year's figures.

- Performance for mental health related indicators was better than national averages. For example 95% of patients with schizophrenia and other psychoses had their alcohol consumption recorded in the preceding 12 months compared to a national average of 90%.
- Dementia related indicators were lower than national averages. For example 74% of patients with a new diagnosis of dementia had undergone a range of diagnostic blood tests compared to a national average of 82%. The practice were aiming to increase their diagnosis of patients with dementia by opportunistic memory screening tests. They had a patient information board in the waiting area which provided information about signs and symptoms of dementia related illnesses.

Clinical audits demonstrated quality improvement.

- There had been several clinical audits completed in the last two years, two 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.
- Findings were used by the practice to improve services. For example, recent action taken as a result included identifying patients at risk of stroke and beginning a preventative treatment programme which included the prescription of anti-coagulant medication. Anti-coagulants are medicines designed to interfere with the blood clotting mechanisms of the body.

Information about patients' outcomes was used to make improvements such as standardising diagnostic and treatment pathways for urinary tract infections.

Effective staffing

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

- The practice had experienced significant staff changes in the previous 18 months, when four GP partners and the practice manager had left the practice. They had successfully recruited two new GP partners, three nurse practitioners and a new practice business partner. They planned to recruit a fourth GP partner to complete the clinical team.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed clinical and 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 for example for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The practice placed a high emphasis on training and development and supported the training of GPs and student nurses and hosted apprenticeship schemes. The practice had developed their own preceptorship pack which was used in the induction process for newly appointed nurses. Their GP locum pack was comprehensive and thorough.
- 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 received training which 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.

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 assess the needs and plan care for those people with more complex needs. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multidisciplinary team meetings took place every four to six weeks with the palliative care nurses, and that care plans were routinely reviewed and updated. District nurses, the community matron and health visitors were also invited to the weekly clinical meeting.

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, such as Gillick competency. These are used in medical law to decide whether a child is able to consent to his or her own medical treatment without the need for parental knowledge or consent.
- 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, smoking and alcohol cessation. Health care assistants were trained to offer brief intervention consultations for those patients who were identified as drinking alcohol at levels above recommended safe limits. They were also able to offer healthy weight and lifestyle advice. Patients requiring help to stop smoking were signposted to the local smoking cessation service. The practice had

Are services effective?

(for example, treatment is effective)

undertaken a case finding exercise to identify those patients at higher risk of developing respiratory problems including COPD, and offered anticipatory screening and treatment options to this group of people.

- Patient champions provided additional services such as Healthy Walks, Diabetes Group aimed at increasing patient understanding of the condition; and a Reminiscence Group for older patients, some of whom were having memory difficulties. These services were designed to help improve patient awareness of their health and encourage social integration and physical activity.

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 85%, which was higher than the CCG and national average of 82%. There was a policy to offer 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% and five year olds from 93% to 99%. Flu vaccination rates for the over 65s were 66%, and at risk groups 38%. These were below CCG and national averages. The practice had developed an action plan to address this which they submitted annually to NHS England. The practice had begun a programme of more active marketing of the flu vaccination and made telephone contact with eligible patients to encourage them to take up the vaccine. The practice showed us figures which indicated that at least 90% of eligible over 65s and at least 46% of at risk groups would have received the vaccine in the current year.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and 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 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. Doors were locked during intimate examinations to preserve patients' privacy and dignity.
- 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 six patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a high standard of care, and staff were helpful, caring and treated them with dignity and respect.

We also spoke with three members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 86% said the GP was good at listening to them compared to the CCG and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.

- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 82% said they found the receptionists at the practice helpful compared to the CCG average of 96% and 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 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:

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 81%.

Although only a very small number of patients did not have English as a first language, staff told us that face to face or telephone interpreter services were available if needed.

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.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them, such as Calderdale Carers' Project and the Staying Well project.

Staff told us that if families had experienced bereavement the GP would telephone them immediately to offer support. Further contact with a visit or an appointment was offered after two weeks, and patients were then signposted to additional bereavement support services if appropriate.

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 had set up a Saturday morning clinic in response to patient feedback. In addition they had placed signage on doors indicating 'push' or 'pull' and had ensured that the patient call system displayed patient names for a longer period of time to ensure that patients did not miss their appointment times.

- The practice was open between 8am and 6.30pm Monday to Friday with a Saturday clinic between 9am and 12 midday.
- Longer appointments available for people with a learning disability or people with more complex needs.
- Home visits were available for housebound or very sick patients.
- Same day appointments were available for children and those in need of urgent medical attention.
- The practice was well equipped to meet the needs of patients with mobility problems or those who used a wheelchair. Hearing loop and interpreting services were available.
- The practice identified transgender patients on their medical record to enable staff to respond appropriately to the needs of this group of people.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours surgeries were offered every Saturday between 9am and 12 midday, when pre-bookable appointments with a GP, nurse practitioner, practice nurse or health care assistant were available. Appointments were available on the day or could be booked up to four weeks in advance with the practice nurse or health care assistant.

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

- 70% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 74%.
- 50% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 78%.
- 66% patients described their experience of making an appointment as good compared to the CCG and national average of 73%.
- 79% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70% and national average of 65%.

The practice acknowledged the difficulties experienced by patients in accessing appointments, and had worked hard to address the issues, in close consultation with the Patient Participation Group (PPG). They had purchased a new telephone system to help address the problems, and had introduced a new 'options' menu to help direct callers to the correct extension. The telephone dialling code had been changed to a local number. In addition they were actively promoting use of online booking and prescription ordering services. During the inspection we spoke with three members of the PPG who confirmed that these changes had significantly improved patient experience in accessing the surgery by telephone.

Listening and learning from concerns and complaints

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

- Their 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 through the practice website, patient information leaflet, and on a patient information television screen in the waiting area.

We looked at 17 complaints received in the last 12 months and found they were satisfactorily handled in a timely way, an explanation was given, and an apology offered. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient complained that they had been given an out of date telephone number for a counselling service.

Are services responsive to people's needs? (for example, to feedback?)

As a result the practice identified that the service website number was out of date. They ensured all staff were aware of the correct contact details, and contacted the relevant agencies to ensure that the details were correctly updated.

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 to patients, to respect and care for staff and patients.

- All the staff we spoke with were enthusiastic about working at the practice and spoke with pride at the high level of commitment and teamwork provided by all staff.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership, openness and transparency

The partners and management 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 and management team 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 affected people reasonable support, truthful information and a verbal and written apology

- They kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- The practice held weekly clinical and staff meetings and we saw minutes from meetings to evidence this.
- Staff told us that there was an open culture where staff at all levels were afforded respect and felt valued within the practice. They told us they would be confident in raising any issues at staff meetings and and felt they would be supported if they did.
- All staff were involved in discussions about how to run and develop the practice, and the partners and management team 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 contributed to practice plans for improvements. For example they had previously been involved in helping to design questionnaires to gather patient feedback. They had suggested that the position of the touch-screen checking in device was changed to enable patients to use it more easily. Members of the PPG were available to help patients learn how to use this service. They had also been involved in helping patients to understand how to use the self-checking blood pressure measuring device which had been fitted in the waiting area.
- Staff told us they felt they had a voice within the practice and were able to make suggestions to change or improve the way services were delivered, for example the timing of a clinic for COPD patients had been changed to the afternoon to better meet the needs of this group of patients.

Continuous improvement

Are services well-led?

Good 

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

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. The practice business manager had been instrumental in establishing a GP federation known as the 'Pennine GP Alliance'. The Alliance was proving effective in developing better collaboration between Calderdale GP practices to, for

example, to respond more effectively to winter pressures. In addition one of the nurse practitioners had led on the setting up of a local nurse practitioner forum which had successfully extended the range of investigations nurse practitioners were able to request. This innovation had been adopted by all the practices in Calderdale, and was beginning to be adopted in some parts of Kirklees.