

Mirfield 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?

Outstanding 

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 Mirfield Health Centre on 7 July 2016. The practice has been rated as outstanding for effectiveness and for the long-term condition population group. 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. Lessons were shared to make sure action was taken to improve safety in the practice.
- Risks to patients were assessed and well managed.
- Data showed that the practice was performing highly when compared to practices nationally.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care and staff were proactively supported to acquire new skills.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients told us that it was sometimes difficult to get through on the phone at busy times but it had improved over the preceding few months. The practice

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had installed three additional phone lines and additional reception staff to improve access for patients. Urgent appointments were available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- All staff were actively engaged in activities to monitor and improve quality and outcomes. The nursing team worked together to manage long term conditions and carried out reviews of patients in their own home where necessary. The practice changed the process to

recall patients for their review which significantly increased uptake and performance. Data showed that the practice was performing highly when compared to practices locally and nationally.

- The practice were aware that the prevalence of chronic obstructive pulmonary disease (COPD) was lower than expected in 2014. They audited COPD diagnosis and outcomes and introduced in-house screening and diagnostic spirometry. As a result, COPD was diagnosed in over 100 additional patients. The practice demonstrated a 12% improvement on the number of patients with COPD who had their diagnosis confirmed by post bronchodilator spirometry.
- Staff worked together in a targeted and proactive approach to improve the patient uptake of flu vaccinations. The practice received a letter of congratulations for achieving the national target of over 75% for the first time in 2014/15. This was an increase of 10% from 2013/14.

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 We saw evidence that the practice discussed incidents at staff meetings and carried out a thorough analysis of the significant events on a three monthly basis to identify themes and trends.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- There was a system to receive and distribute patient safety alerts. We saw evidence that the practice took the appropriate action in response to these.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Local procedures were displayed in the practice that clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- Risks to patients were assessed and well managed.
- There was a policy and protocol to maintain the cold chain for the safe storage of vaccines. All staff members who were responsible for receiving deliveries of vaccines and the monitoring of the fridge temperatures had received training.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice 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?

The practice is rated as outstanding for providing effective services.

Outstanding



Summary of findings

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally. For example, data showed 86% of patients with asthma had an asthma review in the preceding 12 months that included an assessment of asthma control (CCG average 79%, national average 75%).
- The practice were aware that the prevalence of chronic obstructive pulmonary disease (COPD) was lower than expected in 2014. They audited COPD diagnosis and outcomes and introduced in-house screening and diagnostic spirometry. As a result, COPD was diagnosed in over 100 additional patients.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. There had been seven clinical audits completed in the last two years and the practice used multiple audit cycles to continuously monitor and improve outcomes.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care and staff were proactively supported to acquire new skills. For example, staff were trained to perform screening and diagnostic spirometry which increased the prevalence and diagnosis of COPD.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff worked together to improve the patient uptake of flu vaccinations. The practice received a letter of congratulations for achieving the national target of over 75% in 2014/15.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Uptake rates for screening were better than local and national averages. For example, 65% of patients aged 60 to 69 were screened for bowel cancer in the preceding 30 months compared to the CCG average of 55% and the national average of 58%.

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- The practice's uptake for the cervical screening programme was 85%, which was an increase of 7% from the previous year. This was above the CCG and national average of 82%.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Results from the national GP patient survey were mixed. The practice was below average for several satisfaction scores on consultations with GPs and nurses. The practice had reviewed the results of the national GP patient survey. They had been significantly understaffed at the time of the survey, which had impacted on access and patient care. Since that date additional administrative and clinical staff had been employed and two more GPs were due to start in August 2016.
- 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice's computer system alerted GPs if a patient was also a carer. Staff had recently attended a local carers event and a member of staff had been identified as the carers' champion, they created a pack for carers and telephoned all patients who were identified as carers to confirm that they were still carers. They ensured staff were identifying carers correctly and created a dedicated notice board in the waiting room.
- We saw that consultation and treatment room doors were closed during consultations. However we heard conversations taking place in the nurse's rooms. Immediately after our inspection staff discussed the issue and noted that the volume of the music in the nurses waiting area had been turned down. They raised the volume and re-arranged the chairs away from consulting room doors to improve confidentiality. Staff told us they would monitor noise levels in the nurses waiting area and restrict patients to using the main waiting area if it continued to be a problem.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services

Summary of findings

where these were identified. For example, the practice provided services in line with the CCG 'care closer to home' policy including a same day phlebotomy service, level three diabetic services, ECGs and spirometry.

- Patients told us that it was sometimes difficult to get through to the practice on the phone at busy times but it had improved over the previous few months. The practice had installed three additional phone lines and allocated additional reception staff to improve access for patients. Urgent appointments were available the same day.
- Extended hours appointments were offered from 6.30pm to 8pm on Mondays and Wednesdays.
- The practice carried out a demand and capacity audit in February 2016. They increased the number of appointments on Mondays and Fridays to improve access for patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There were plans to expand the premises to improve services for patients.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice installed a play area in response to suggestions from PPG members.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice engaged with the local community. GPs met with local councillors to discuss the needs of the community. The practice sponsored the local girls' football team and helped to set up and distribute information about the dementia café which was held in the local church hall. Children from the local primary school were invited to decorate a wall in the practice for each school term.

Are services well-led?

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

- The practice had 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 it.

Good



Summary of findings

- The strategy and supporting objectives were challenging while remaining achievable. The partners had brought about significant change in the practice which delivered improved services and outcomes for patients.
- A systematic approach was taken to working with other organisations to improve care outcomes. The practice was one of a group of 11 practices that submitted proposals to the NHS Estates and Technology Transformation Fund to transform care for 90,000 patients in Cleckheaton, Heckmondwike, Mirfield, Dewsbury and Ravensthorpe localities in North Kirklees.
- There was a clear leadership structure and staff felt supported by management. Staff told us that they had been through a difficult and intense period of change. They told us they felt involved and engaged to improve how the practice was run. Staff were proud of the improvements made and of the organisation as a place to work.
- The practice created annual development plans to drive clinical and organisational improvement. Plans for 2016/17 included improving patient experience of the service, improving the premises and increasing the skill mix of the workforce.
- High standards were promoted and owned by all practice staff. There was strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences. For example, staff worked together to improve the uptake of flu vaccinations and the detection, diagnosis and treatment of long term conditions.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff gave examples where they had been encouraged and supported to undertake additional training and develop their knowledge and skills. For example, nurses who were supported during advanced nurse practitioner training and receptionists who were supported to become health care assistants.
- They ensured that information about the changes in the practice was shared with patients and the local community. They produced a newsletter to introduce the new team and the improvements made by the practice which was distributed by members of the PPG and available on the practice website and through social media.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Staff worked closely with the district nurses and the community matron to co-ordinate care for older people.
- There was a named responsible GP for each care home who actively engaged with the local care homes to ensure proactive care for residents.
- The practice encouraged older people to attend for screening. Uptake rates were better than local and national averages. For example, 65% of patients aged 60 to 69 were screened for bowel cancer in the preceding 30 months compared to the CCG average of 55% and the national average of 58%.

People with long term conditions

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

Outstanding



- The nursing team worked together to manage long term conditions and carried out reviews of patients in their own home where necessary and patients at risk of hospital admission were identified as a priority.
- The practice changed the process to recall patients for long term condition reviews which increased uptake. For example, data showed 86% of patients with asthma had an asthma review in the preceding 12 months that included an assessment of asthma control (CCG average 79%, national average 75%). This demonstrated a 17% increase from 2013/14.
- 92% of patients newly diagnosed with diabetes, in the preceding 12 months, had a record of being referred to a structured education programme within 9 months after entry on to the diabetes register (CCG and national average 90%).
- The practice were aware that the prevalence of chronic obstructive pulmonary disease (COPD) was lower than expected in 2014. They audited COPD diagnosis and outcomes and introduced in-house screening and diagnostic spirometry. As a result, COPD was diagnosed in over 100 additional patients. Data showed that 98% of patients with COPD had their

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diagnosis confirmed by post bronchodilator spirometry (CCG average 92%, national average 90%). This demonstrated a 12% improvement from 2012/13 when patients had to travel to hospital for spirometry.

- The practice worked closely with community heart failure and respiratory services to promote chronic disease management and reduce unnecessary hospital admission.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice carried out proactive case management. They worked with the community matron to avoid unplanned hospital admissions.

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.
- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 85%, which was an increase of 7% from the previous year. This was above the CCG and national average of 82%. The practice improved the uptake of the screening programme by offering evening smear appointments.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice prioritised children for same day urgent appointments.
- Contraceptive services were available and promoted in the practice and on the website.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours clinics on a Monday and Wednesday evening until 8pm for working patients who could not attend during normal opening hours.
- A same day phlebotomy service was available.
- The practice provided services in line with the CCG 'care closer to home' policy including a same day phlebotomy service, level three diabetic services, ECGs and spirometry. Level three diabetic service is the management of patients stabilised on injectable therapies for type one and type two diabetes.
- The practice was proactive in offering online services and electronic prescribing as well as a full range of health promotion and screening that reflects the needs for this age group.
- Evening cervical smear clinics were available for working people.
- There was a surgery 'pod' for self testing, including blood pressure, at a time convenient to the patient.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Carers were contacted by the practice carers' champion to offer support and guidance.

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- The practice was registered with the Kirklees Safe Places scheme. The scheme helps vulnerable people who become confused, frightened or need help when they go out.

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).

- An advanced nurse practitioner was the lead for mental health, they reviewed care plans. Data showed 83% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- Performance for mental health related indicators was better than the national average. Data showed 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months (CCG average 89%, national average 88%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- They helped to set up and distribute information about the dementia café which was held in the local church hall.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The latest national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages for several aspects of care. 251 survey forms were distributed and 114 were returned. This represented less than 1% of the practice's patient list.

- 41% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 71% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 59% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

The practice had reviewed the results of the national GP patient survey. They had been significantly understaffed at the time of the survey, which had impacted on access and patient care. The practice had installed three additional phone lines and allocated additional reception staff to improve access for patients. The practice carried out a patient satisfaction survey in 2016. The results showed that 76% of respondents found it easy to get through on the phone. People told us on the day of the inspection that they were able to get appointments when they needed them. Further surveys were planned to assess the impact of the changes.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Comments included that staff were friendly, professional and approachable. Three patients commented that the practice had improved in recent months and several patients praised staff members by name. One patient commented that they felt they had been listened to and provided with information about their health. One patient commented that it was sometimes difficult to get appointments at busy times but another said they had noticed a huge improvement in the availability of appointments.

We spoke with six patients during the inspection. All six patients said they would recommend the practice to other people. They were satisfied with the care they received and thought staff were approachable, committed and caring. Three patients said they experienced difficulty getting through on the phone to make an appointment but one said they noticed it had improved in the last year. Two patients had contacted the practice for urgent appointments and been given them. Two patients said they had noticed improvements that the practice had made to the décor of the practice and one said they liked that the practice now stays open at lunchtimes.

The results of the NHS Friends & Family test for the preceding 12 months showed that 202 of 221 respondents were extremely likely or likely to recommend the practice to a friend or family member.

Areas for improvement

Outstanding practice

We saw areas of outstanding practice:

- All staff were actively engaged in activities to monitor and improve quality and outcomes. The nursing team worked together to manage long term conditions and carried out reviews of patients in their own home where necessary. The practice changed the process to

recall patients for their review which significantly increased uptake and performance. Data showed that the practice was performing highly when compared to practices locally and nationally.

- The practice were aware that the prevalence of chronic obstructive pulmonary disease (COPD) was lower than

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expected in 2014. They audited COPD diagnosis and outcomes and introduced in-house screening and diagnostic spirometry. As a result, COPD was diagnosed in over 100 additional patients. The practice demonstrated a 12% improvement on the number of patients with COPD who had their diagnosis confirmed by post bronchodilator spirometry.

- Staff worked together in a targeted and proactive approach to improve the patient uptake of flu vaccinations. The practice received a letter of congratulations for achieving the national target of over 75% for the first time in 2014/15. This was an increase of 10% from 2013/14.

Mirfield 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 second CQC inspector, a GP specialist adviser and an Expert by Experience.

Background to Mirfield Health Centre

Mirfield Health Centre provides primary care services to 16,953 patients under a general medical services (GMS) contract with NHS England. The practice is a member of North Kirklees Clinical Commissioning Group.

- The surgery is located in a purpose built two storey building with car parking and an automatic door at the entrance with wheelchair access from the main road.
- There are two treatment rooms and 12 consulting rooms on the ground floor with additional rooms for phlebotomy and chronic disease management. The first floor comprises of administration offices, a conference room, staff room and facilities.
- 23% of patient list are aged over 65 and 7% are aged over 75.

The practice has been through a period of significant challenge in recent years. In 2014 three of the four GP partners retired, the practice manager left and two salaried GPs decided not to return to work after completing their maternity leave. The practice had a very difficult time with only one GP partner and one additional full time GP managing the practice and was featured in the local press

due to the lack of appointments. Since this time a great number of changes have occurred to ensure the practice is achieving its targets and resolving any issues identified by both patients and the local CCG.

The practice now has a new team of seven full time equivalent (FTE) doctors and 4 FTE advanced nurse practitioners. This has been welcomed by both patients and staff and has made a major impact in the services offered by the practice.

There are three male FTE GP partners, four FTE salaried GPs (two male and two female), four FTE nurse practitioners (three female and one male), five female practice nurses, two female health care assistants, a practice manager and a team of administrative staff.

The practice provided training and mentoring of nurses and advanced nurse practitioners.

The practice is open between 8am and 6pm Monday to Friday.

Appointments are available:

- Monday 8am to 11.10am and 2pm to 5.50pm.
- Tuesday 8am to 11.10am and 3pm to 6pm.
- Wednesday 8.30am to 11.10am and 2pm to 5.50pm.
- Thursday 8.30am to 11.10am and 2pm to 5.50pm.
- Friday 8.30am to 11.10am and 3pm to 6pm.

Extended hours appointments are offered from 6.30pm to 8pm on Mondays and Wednesdays.

When the practice is closed calls are transferred to the NHS 111 service who will triage the call and pass the details to Local Care Direct who is the out of hours provider for North Kirklees.

The previous Care Quality Commission inspection report in 2014 highlighted that patients had experienced difficulties in trying to get through on the telephone in a morning.

Detailed findings

They explained, due to the high volume of people trying to access one telephone line, when they finally got through there were usually no appointments left for that day. They also told us they experienced difficulty in making an appointment in advance. The practice increased the number of telephone lines and reception and clinical staff. Data showed that access to the service was improving, 41% of patients said they could get through easily to the practice by phone compared to the national average of 73%). Survey results published on the day of the inspection showed this increased to 45%. Patients told us that they sometimes experienced difficulties getting through at busy times but they had noticed improvements.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and North Kirklees CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (January 2016). QOF is a voluntary incentive scheme for GP practices in the UK, which financially rewards practices for the management of some of the most common long term conditions. We also reviewed the report of the previous CQC inspection carried out in February 2014.

In addition:

- We spoke with a range of staff including GPs, a nurse practitioner, practice nurses, a health care assistant and administrative staff.
- We spoke with patients and members of the patient participation group
- We observed how staff dealt with patients in the reception area and on the telephone.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- We reviewed the practice website, policies, procedures and other relevant information the practice provided before and during the day of inspection.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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 a recording form available on paper and on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence that the practice discussed incidents at staff meetings and carried out a thorough analysis of the significant events on a three monthly basis to identify themes and trends.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, staff received cold chain and vaccine handling training in response to an incident where vaccines were not placed in the fridge in time to maintain the correct temperature, and as a result, they had to be disposed of.

There was a system to receive and distribute patient safety alerts. We saw evidence that the practice took the appropriate action in response to these. For example, an alert was received about hearing aid batteries. Staff contacted the patients affected to inform them. Another was recently received for blood glucose monitors. Nursing staff performed a search for patients and found none were affected.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. Local procedures were displayed in the practice that clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, advanced nurse practitioners, nurses were trained to child safeguarding level three and the health care assistants were trained to level two.
- Notices in the two waiting areas and in consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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 who had received chaperone training were named in the practice chaperone procedure which was available to all clinicians to ensure only trained staff were used as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A 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. Staff created an action plan and assigned responsibility to named staff members to ensure actions were completed. For example, the removal of fabric items from clinical areas that could not be cleaned appropriately.
- The arrangements for managing medicines, including emergency medicines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out

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regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- There was a policy and protocol to maintain the cold chain for the safe storage of vaccines. All staff members who were responsible for receiving deliveries of vaccines and the monitoring of the fridge temperatures had received training and we saw evidence that staff carried out and documented daily checks of the vaccine fridges and took action where any breach of the cold chain was identified. For example, where a delivery of vaccines was received and not immediately placed in the fridge.
- We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Staff carried out and documented weekly testing of the fire alarm system. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and

infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The legionella risk assessment required the practice to monitor the water temperature and we saw evidence that staff carried out and documented monthly checks of the cold and hot water systems.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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 treatment rooms and in the reception office.
- The practice had a defibrillator available on the premises and oxygen with adult masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. We noted that the emergency medicines kit in the reception office contained the defibrillator and the oxygen and was very heavy. We saw that there were a large number of medicines contained within the emergency drugs box, and that they were not well organised. This could lead to difficulty locating the correct medicine at times of emergency. The partners sent us evidence after the inspection that a vial holder had been purchased to organise the medicine vials. They told us they would review the emergency medicines bag to ensure it was easily accessible in an emergency.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example, clinical staff used guidance to produce practice specific clinical protocols for COPD and spirometry. We saw evidence that NICE guidelines were discussed at clinical meetings.
- 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 and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available which was an 11% improvement from 2013/14 with 9% exception reporting (CCG and national average 9%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was an outlier for ten national clinical targets in 2014/15. The practice met with the local CCG in January 2016 to discuss their progress and future plans. The practice used audits and development plans to deliver changes. They successfully resolved many of the triggers and were making significant impact on the remaining few. The practice received a letter in May 2016 from the local CCG recognising and congratulating them on their achievements.

The nursing team worked together to manage long term conditions and carried out reviews of patients in their own home where necessary. The practice changed the process to recall patients for their review to increase uptake. Staff

contacted patients by telephone to invite them to attend for review appointments and letters were used when all attempts to contact patient by telephone were exhausted. We were shown examples of care plans and action plans given to and discussed with patients to help them manage their condition.

Data from 2014/15 showed:

- Performance for asthma related indicators was better than the national average. Six per cent of the patient list had asthma. Data showed 86% of patients with asthma had an asthma review in the preceding 12 months that included an assessment of asthma control (CCG average 79%, national average 75%). This demonstrated a 17% increase from 2013/14.
- Performance for diabetes related indicators was better than the national average. Six per cent of the patient list had diabetes. Data showed 90% of patients with diabetes had a record of a foot examination and risk classification (CCG average 89%, national average 88%). This demonstrated a 6% increase from 2013/14.
- Performance for mental health related indicators was better than the national average. Data showed 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months (CCG average 89%, national average 88%).
- Performance for hypertension related indicators was better than the national average. Sixteen per cent of the patient list had hypertension, data showed the last blood pressure reading for patients in the preceding 12 months was within normal parameters for 87% of patients with hypertension (CCG average 85%, national average 84%). This demonstrated a 15% increase from 2013/14.
- The practice were aware that the prevalence of chronic obstructive pulmonary disease (COPD) was lower than expected in 2014. They audited COPD diagnosis and outcomes and introduced in-house screening and diagnostic spirometry. As a result, COPD was diagnosed in over 100 additional patients. Data showed that 98% of patients with COPD had their diagnosis confirmed by post bronchodilator spirometry (CCG average 92%, national average 90%). This demonstrated a 12% improvement from 2012/13 when patients had to travel to hospital for spirometry.



Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored and the practice used multiple audit cycles to continuously monitor and improve outcomes. Information about patients' outcomes was used to make improvements. For example, four cycles of a COPD audit led to an increase in the practice screening, coding, diagnosis and treatment of over 100 additional patients.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring that clinicians completed handover forms to the out of hours GP service for patients in palliative care.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care and staff were proactively supported to acquire new skills. For example, staff were trained to perform screening and diagnostic spirometry which increased the prevalence and diagnosis of COPD.
- 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. For example, members of the reception staff received training to perform phlebotomy and a reception staff member completed their training as a health care assistant. Two practice nurses received training to become advanced nurse practitioners.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice used electronic referrals where possible.
- The practice worked closely with the community heart failure and respiratory services to promote chronic disease management.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice used the electronic palliative care co-ordination system (EPaCCS) to record key information about patients receiving palliative care. We saw that patient preferences were included in care plans which were shared with community palliative care nurses and out of hours services.



Are services effective?

(for example, treatment is effective)

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 used practice specific protocols to carry out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the local pharmacy and Kirklees stop smoking services. Data showed 87% of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months which was equivalent to the national average.
- Clinical staff carried out alcohol intervention advice. They used AUDIT-C which is a recognised screening tool that can help identify persons who are hazardous drinkers or have active alcohol use disorders.

The practice's uptake for the cervical screening programme was 85%, which was an increase of 7% from the previous year. This was above the CCG and national average of 82%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by offering evening smear appointments, using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Uptake rates for screening were better than local and national averages. For example, 65% of patients aged 60 to 69 were screened for bowel cancer in the preceding 30 months compared to the CCG average of 55% and the national average of 58%. Eighty per cent of females, aged 50 to 70 were screened for breast cancer in the preceding 36 months (CCG average 70%, national average 72%).

Staff worked together to improve the patient uptake of flu vaccinations. The practice received a letter of congratulations for achieving the national target of over 75% in 2014/15. This was an increase of 10% from 2013/14.

Childhood immunisations were carried out by a local community provider. Uptake rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 96% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We saw reception staff took the time to listen to patients, and carried out their duties efficiently. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in the nurse's rooms could be overheard. We discussed this with the partners who told us they had taken action when this was raised at the previous inspection and in response they had introduced music into the waiting areas. Immediately after our inspection staff discussed the issue and noted that the volume of the music in the nurses waiting area had been turned down. They raised the volume and re-arranged the chairs away from consulting room doors to improve confidentiality. Staff told us they would monitor noise levels in the nurses waiting area and restrict patients to using the main waiting area if it continued to be a problem.
- 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 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Members thought that there was still a local perception that it was difficult to get appointments due to previous experiences and negative features in the local press.

Results from the national GP patient survey were mixed. The practice was below average for several satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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 below local and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice had reviewed the results of the national GP patient survey. They had been significantly understaffed at the time of the survey, which had impacted on access and

Are services caring?

patient care. Additional administrative and clinical staff had since been employed and two more GPs were due to start in August 2016. The results of the NHS Friends & Family test for the preceding 12 months showed that 202 of 221 respondents were extremely likely or likely to recommend the practice to a friend or family member.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 110 patients as carers (less than 1% of the practice list). Staff recognised that this was lower than expected and they were seeking to improve the identification of carers. They had recently attended a local carers event and a member of staff had been identified as the carers' champion, they created a pack for carers and telephoned all patients who were identified as carers to confirm that they were still carers. They ensured staff were identifying carers correctly and created a dedicated notice board in the waiting room. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card which were hand made by one of the receptionists. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice provided services in line with the CCG 'care closer to home' policy including a same day phlebotomy service, level three diabetic services, ECGs and spirometry.

- The practice offered extended hours clinics on a Monday and Wednesday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. Staff carried out telephone travel consultations where appropriate.
- There were disabled facilities and translation services available.

The practice engaged with the local community. GPs met with local councillors to discuss the needs of the community. They used social media to engage with patients and the local population. The practice sponsored the local girls' football team and helped to set up and distribute information about the dementia café which was held in the local church hall. Children from the local primary school were invited to decorate a wall in the practice for each school term.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were available:

- Monday 8am to 11.10am and 2pm to 5.50pm.
- Tuesday 8am to 11.10am and 3pm to 6pm.
- Wednesday 8.30am to 11.10am and 2pm to 5.50pm.
- Thursday 8.30am to 11.10am and 2pm to 5.50pm.
- Friday 8.30am to 11.10am and 3pm to 6pm.

Extended hours appointments were offered from 6.30pm to 8pm on Mondays and Wednesdays. There were plans to increase extended hours access from October 2016. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 41% of patients said they could get through easily to the practice by phone compared to the national average of 73%). Survey results published on the day of the inspection showed this increased to 45%

We spoke with patients who told us that it was sometimes difficult to get through on the phone at busy times but it had improved. The practice had installed three additional phone lines and additional reception staff to improve access for patients. The practice carried out a patient satisfaction survey in 2016. The results showed that 76% of respondents found it easy to get through on the phone. People told us on the day of the inspection that they were able to get appointments when they needed them. The practice was continuing to survey this area and monitor improvements.

The practice had a system in place to assess:

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

Clinical staff spoke to the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. Late requests for home visits were dealt with by the GP on call. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice carried out a demand and capacity audit in February 2016. They increased the number of appointments on Mondays and Fridays to improve access for patients. They were planning to re-audit in August 2016 to assess the impact.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

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

We looked at 12 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice reviewed the induction pack for locum GPs in response to a complaint. Clinicians wrote reflective reports to learn from complaints. We saw evidence that complaints were discussed in team meetings.

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 and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The strategy and supporting objectives were challenging while remaining achievable. The partners had brought about significant change in the practice which delivered improved services and outcomes for patients.
- The practice created annual development plans to drive clinical and organisational improvement. Plans for 2016/17 included improving patient experience of the service, improving the premises and increasing the skill mix of the workforce.

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.
- The practice had reviewed and updated practice policies and protocols to govern the changes brought about by the partners. Practice specific policies, protocols and clear instruction manuals were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and regularly discussed in practice meetings and with the CCG. The partners had structured development plans to introduce change. For example, to the way patients were recalled for review and to improve the detection and diagnosis of long term conditions.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We saw how the practice carried out multiple cycles of audit to ensure improvements were maintained.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Staff told us that the changes included ensuring that staff received the appropriate training and had access to policies and procedures.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care and being the only GP practice in Mirfield, they felt proud to improve health outcomes for the whole population in the locality. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Named clinical and deputy leads were identified for key areas. For example, health & safety, clinical governance, clinical areas and incidents. The list of named leads was displayed throughout the practice.
- Staff told us the practice held regular team meetings and they were asked prior to each meeting if they wished to raise any issues. We were told that minutes of meetings were distributed to staff quickly after meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and

Are services well-led?

Good 

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

supported in doing so. An administrative staff member told us they appreciated that one of the GP partners had recently spent time talking with the administrative and reception team.

- There was strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences. For example, staff worked together to improve the uptake of flu vaccinations and the detection, diagnosis and treatment of long term conditions.
- 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. Staff gave examples where they had been encouraged and supported to undertake additional training and develop their knowledge and skills. For example, nurses who were supported during advanced nurse practitioner training and receptionists who were supported to become health care assistants.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met quarterly, members told us that meetings were informal. They contributed to patient surveys, distributed practice information in the local community and submitted suggestions for improvements to the practice management team. For example, the practice installed a

play area in response to suggestions from PPG members. The practice recently used a local community social media group to ask local people to raise questions and concerns to be discussed at the PPG meeting.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they had been through a difficult and intense period of change. They told us they felt involved and engaged to improve how the practice was run. Staff were proud of the improvements made and of the organisation as a place to work.
- They ensured that information about the changes in the practice was shared with patients and the local community. They produced a newsletter to introduce the new team and the improvements made by the practice which was distributed by members of the PPG and available on the practice website and through social media.

Continuous improvement

There was a 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. A systematic approach was taken to working with other organisations to improve care outcomes. The practice was one of a group of 11 practices that submitted proposals to the NHS Estates and Technology Transformation Fund to transform care for 90,000 patients in Cleckheaton, Heckmondwike, Mirfield, Dewsbury and Ravensthorpe localities in North Kirklees. The partners had brought about significant change in the practice which delivered improved services and outcomes for patients. There was strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences.