

# Sidings Healthcare Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

# 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 Sidings Healthcare Centre on 25 April 2017. Overall the practice is rated as good.

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

- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Nursing staff told us that they held a regular 'journal club' to review nursing articles. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. We saw evidence that the reporting and discussion of these events had improved. The provider had identified that previously staff had not recorded low level concerns but this was now being encouraged and supported by the team.
- We reviewed 32 patient comment cards completed prior to our inspection. All of the comments received were exceptionally positive about the services provided.
- Results from the national GP patient survey (published July 2016), noted that patients had struggled to get an appointment or access their preferred GP, however the views of patients we spoke with on the day did not align with this.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- A monthly meeting was held between the lead GP for safeguarding and the Health Visitor where concerns regarding children were discussed.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff, patients and the patient participation group (PPG) which it acted on.
- The practice was positively embedded into the local community and liaised regularly with the local

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mosque, local leaders, community staff and the PPG. GPs at the practice would meet regularly with the Imans from the local mosques who would promote health promotion and health screening within their congregation.

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvements are:

- The provider should review and consider the necessary immunisations for healthcare staff and be able to demonstrate that an effective employee immunisation programme is in place.

- The provider should review their arrangements for the identification of carers to assure themselves that they are identifying them effectively and are able to offer them the appropriate support.
- The provider should review the numbers of patients undergoing screening for cancer related illnesses and be able to assure themselves that the appropriate numbers of people are accessing these services. For example, breast, bowel and cervical screening uptake.

**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



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- On the day of inspection the practice was not able to demonstrate that an effective employee immunisation programme was in place.
- We saw that the portable appliance testing of electrical equipment and calibration of clinical equipment was overdue. However, we were shown evidence that these checks had been completed the week following our inspection.
- There were nominated leads for safeguarding children and vulnerable adults. We were told that prior to the multidisciplinary meeting which was held monthly, the lead GP for safeguarding met with the health visitor to review any concerns relating to vulnerable children.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that there were systems to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence guidelines and other locally agreed guidelines. Nursing staff told us that they held a regular 'journal club' to review relevant nursing articles.
- The practice was part of a federation of GPs within the North Kirklees Clinical Commissioning Group who were working closely to improve outcomes and access for patients.

# Summary of findings

- The practice participated in the 'Care closer to home' initiative which enabled patients to receive care at the practice and reduce visits to hospitals.
- The practice ensured that patients with complex needs, including those with life-limiting progressive conditions, were supported to receive coordinated care involving the multi-disciplinary team and the community as appropriate.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- End of life care was personalised, responsive and coordinated with other services involved. We saw that comprehensive plans of care were made to enable people's wishes to be met.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Patients who might struggle to afford the cost of a lengthy telephone consultation could advise staff of this and request a call back.
- We were told of numerous positive examples where staff at the practice had demonstrated compassion, kindness, dignity and respect for individuals and their families.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness, dignity and respect whilst communicating where appropriate in the patient's own language.
- We were told by a visiting professional that whilst a complex patient was waiting in the reception area on the day of our inspection, the receptionist took time to engage the distressed patient in conversation and make their experience at the surgery more comfortable.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- The practice worked closely with other organisations and with the local community in planning services that met patients' needs. GPs at the practice would liaise closely with the Imams from the local mosques who would promote health promotion and health screening within their congregation.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff, patients and the patient participation group (PPG) which it acted on. The GPs attended the PPG meetings.
- The practice was positively embedded into the local community and liaised regularly with the local mosque, local leaders and community staff. In recognition of the religious and cultural observances of the majority of the population, when families were bereaved, the GP would respond quickly, in order to provide the necessary death certification to enable a prompt burial to take place.
- The practice allowed patients who travelled abroad frequently, to request enough repeat medication to allow them to manage their health whilst away. Their medication was then suspended and then re-instated upon the patients' return after they were seen in the practice.
- The individual needs and preferences of people with a life-limiting condition, including patients with a condition other than cancer and patients living with dementia, were central to their care and treatment. Care delivered was flexible and provided choice. We were told of an example where a patient was signposted and supported to access treatment out of area which was appropriate.
- We were told the lead GP supporting a home for adults with complex and enduring mental health needs, maintained an ongoing awareness of each individual patient. Staff told us the practice was responsive to visit requests, but would also listen to staff and patient concerns and maintained relationships by discussing topics which interested the patient.
- 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 changes had been made to the telephone systems and the reception area had been improved following feedback from the PPG.
- Patients told us that they could access appointments and services in a way and at a time that suits them.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff.

# Summary of findings

## Are services well-led?

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

- We saw that the leaders at the practice worked closely with other organisations and were committed to improving care outcomes for patients and tackling health inequalities.
- Leaders had an inspiring shared purpose, striving to deliver and motivate staff to succeed and promote good quality outcomes for the local community. The GPs had responded to the needs of the local population and with a further partner had self-funded the build of the new Sidings Healthcare Centre.
- There was a clear leadership structure and staff told us that they felt supported by management who were approachable and knowledgeable. The practice had policies and procedures to govern activity and held regular governance meetings.
- The practice participated in the 'Productive General Practice' programme and had implemented new processes for workforce planning and workforce organisation which had been embraced and embedded into the team.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The views of the PPG and the wider community were seen as integral to the promotion and running of the service. The practice welcomed rigorous and constructive challenge from people who used services. Regular engagement with patients, community leaders and stakeholders was seen as a vital way of holding services to account and improving outcomes.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. We saw strong collaboration and support across the staff team and a common focus on improving the quality of care and peoples experiences.
- We were told that when issues were identified at the practice the GPs would hold impromptu consultations with the staff team and ask for their suggestions for improvements and the way forward.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and the practice encouraged the development of the team.

**Outstanding**



# Summary of findings

- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.



# 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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population and offered an annual health checks to patients over 75 who were not seen for other reasons.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Long term conditions reviews were offered in the home to patients who could not access the surgery.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice participated in a CCG medicines initiative and had reviewed patients aged 75 or older who were prescribed 10 medications or more.

### People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and had prioritised areas such as chronic obstructive pulmonary disease and diabetes, to increase the number of patients who were invited for and attended reviews.
- The practice had identified a high number of patients with diabetes. The practice nurse had undertaken a further qualification in Insulin management which meant that a higher level of care could be offered and referrals to other services were reduced.
- Performance for diabetes related indicators for 2015/2016 was generally below Clinical commissioning Group (CCG) and national averages. For example 87% of patients on the diabetes register had a flu immunisation in the preceding August to

# Summary of findings

March, compared to the CCG and England average of 95%. However, the practice were able to evidence that figures for 2016/2017 had improved, although this data had not been verified or published yet.

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.

## Families, children and young people

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

- The lead GP for safeguarding met monthly with the health visitor to discuss children living in disadvantaged circumstances, including looked after children and those who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Childhood immunisations were not undertaken at the practice. However Immunisation rates were relatively high for all standard childhood immunisations. Data given to us by the practice for 2016/2017 showed that immunisations for 2 year olds were 98% (national average 91%) and also 98% (national average 88%) for 5 year olds in the same period. However, this data had not been verified or published yet. The practice had liaised with the local Iman and the patient participation group to encourage the uptake of vaccines.
- Patients told us, on the day of inspection, that children and young people were treated in an age appropriate way and were recognised as individuals. We saw that a teenage confidentiality policy was in place and that appointments were available outside of school hours and on a Saturday morning.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- Emergency appointments were available for babies and children.

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 these populations 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, extended opening hours and Saturday morning pre-bookable appointments.
- The practice was proactive in offering online services which included the ability to book or cancel appointments and request prescriptions. Text message reminders regarding appointments were also sent to patients.
- The practice offered in house phlebotomy (the taking of bloods for investigation), 24 hour blood pressure monitoring, spirometry and electrocardiograms (ECG). (An ECG is a simple test that can be used to check your heart's rhythm and electrical activity.)
- At their convenience, patients could use the 'surgery pod' at the Brewery Lane surgery for blood pressure checks and other screening services.

## 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 asylum seekers and refugees, those with a learning disability and the victims of domestic violence.
- End of life care was delivered in a culturally sensitive coordinated way which took into account the needs of those whose circumstances may make them vulnerable. A bereavement information leaflet was available for families.
- The practice offered longer appointments for patients with a learning disability, patients with mental health needs and would review the needs of other patients where necessary to ensure that the appointment length met their needs.
- The practice worked closely with other health care professionals in the case management of vulnerable patients and would respond to concerns regarding individuals when they were highlighted by community leaders.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations and had invited a local organisation to spend time in the practice so they could signpost patients to suitable support.

# Summary of findings

- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- The practice carried out advance care planning for patients living with dementia.
- 97% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the CCG average of 85% and the national average of 83%.
- The GP lead for mental health responded quickly to requests for visits to a residential home for adults with mental health needs registered with the practice. The service provided by the practice was described by patients as caring, person centred and first class.
- The practice had a register of all patients with mental health needs and offered annual reviews and care plans.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Outcomes for patients with mental health needs were generally above local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a record of their alcohol consumption in the preceding 12 months was 96% compared to the CCG average of 91% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment using a recognised assessment tool.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia and information was available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed at that time that the practice performance was generally comparable in most areas to local and national averages. Data showed that 368 survey forms were distributed and 115 were returned, a response rate of 31% compared to the national response rate of 38%. This represented 2% of the practice's patient list.

- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 64% of patients said they were satisfied with the surgery's opening hours compared to the CCG and national average of 76%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all overwhelmingly positive about the standard of care

received. The care received was consistently described as very good or excellent and several patients gave examples of when support for their relatives with additional and complex needs had helped them to cope better. Two of the comment cards stated that the telephones could be 'busy' but said that they were able to make an appointment.

We spoke with four patients during the inspection. All four patients were well informed about the services that were offered and said they were very happy with the support and care they received. Staff were described as approachable, committed and caring.

The Friends and Family test is a feedback tool which asks people if they would recommend the services they have used to their friends and family. The practice had collected only a small number of respondents between April 2016 and March 2017. However, results from the survey showed that of the 45 patients that had responded, 84% of those patients would be likely or extremely likely to recommend the surgery to their friends and family.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- The provider should review and consider the necessary immunisations for healthcare staff and be able to demonstrate that an effective employee immunisation programme is in place.
- The provider should review their arrangements for the identification of carers to assure themselves that they are identifying them effectively and are able to offer them the appropriate support.
- The provider should review the numbers of patients undergoing screening for cancer related illnesses and be able to assure themselves that the appropriate numbers of people are accessing these services. For example, breast, bowel and cervical screening uptake.

# Sidings Healthcare Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Sidings Healthcare Centre

The Sidings Healthcare Centre is a newly opened purpose built building situated within the heart of the community it serves at, The Sidings, Dewsbury, WF12 9QU. The GP partners self-funded the new premises and the service relocated the main surgery in March 2016. The practice also has a branch location called Brewery Lane Surgery, which is on Brewery Lane, Thornhill Lees, Dewsbury, WF12 9DU.

Both locations provide fully accessible facilities and all services are at ground floor level: in addition the Sidings location also has a lift. Each surgery has an adjoining pharmacy. The surgeries have car parking and are accessible by bus.

The Sidings Healthcare Centre is situated within the North Kirklees Clinical Commissioning group (CCG) and provides primary medical services to 7,603 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The National General Practice Profile shows that the age of the practice population is different to the CCG and national average with lower numbers of patients aged over 45 and

higher numbers of patients aged below 39. The profile shows that 61% of the practice population is from a south Asian background with a further 1% of the population originating from black, mixed or non-white ethnic groups.

There are four GPs at the practice working the equivalent of 3.2 whole time GPs. Both GP partners are male and there are two salaried female GPs. There are three part time practice nurses, two part time health care assistants (HCA's) and one member of staff who is training to be a HCA. The practice also has a phlebotomist who works two sessions per week and a pharmacist who works two sessions per week and is also able to provide patient consultations. The clinical team are supported by the practice manager and a team of administrative and reception staff.

The Sidings Healthcare Centre reception and surgery is open between 8am and 6.30pm Monday to Friday. The branch practice at New Brewery Lane is open between 8.30am to 1pm Monday to Friday. Extended hours appointments are offered at the New Brewery Lane location between 8am to 12pm on Saturdays for pre-bookable appointments only. All telephone calls are answered at The Sidings Healthcare Centre location.

Out of hours care is provided by Local Care Direct which is accessed by calling the surgery, patients are also advised of the NHS 111 service.

## 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

# Detailed findings

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 we hold about the practice and asked other organisations including NHS England, Healthwatch and North Kirklees Clinical Commissioning Group (CCG) to share what they knew. We carried out an announced visit on 25 April 2017. During our visit we:

- Spoke with a range of staff including three GPs, the practice manager, a practice nurse, a healthcare assistant and a reception staff member.
- Spoke with four patients who used the service and the manager of a care home for adults with mental health issues.
- Observed how patients were being cared for in the reception area.
- Met with seven members of the Patient Participation Group.
- Reviewed 32 comment cards where patients and members of the public shared their views and experiences of the service.

- Visited both practice locations.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system 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. 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).
- From the sample of 20 documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, 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 reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events
- The practice also monitored trends in significant events and evaluated any action taken at an annual review meeting of these events.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. 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 who had a monthly meeting with the health visitor to discuss concerns outside the multidisciplinary meeting which was also held.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nursing staff and health care assistants were trained to level two.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. Where administration staff undertook the role of a chaperone, a risk assessment was in place.
- On the day of inspection the practice were not able to demonstrate that an effective employee immunisation programme was in place.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be uncluttered, clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol 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, for example changes were made to the baby changing area following the audit.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of a pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there was a system to monitor their receipt and storage. Following our visit the practice reviewed this system to include details of when, and which, prescriptions were distributed to the authorised prescriber.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had



## Are services safe?

been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately. (A Patient Specific Direction (PSD) is a written instruction, signed by a prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references (in two cases verbal references had been taken and noted), qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Proof of identity had not been retained in the form of photographic ID for two staff. We did see however, that all staff had an NHS smart card for which photographic identification is required. The practice told us they would ensure that photo identity was obtained.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a basic health and safety policy available.
- The practice had an up to date fire risk assessment and had carried out fire drills in both locations in December 2016. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- We saw that the checks required for electrical and clinical equipment to ensure it was safe to use and in good working order were due. However, the practice supplied evidence that this was completed the week after our visit.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of

substances hazardous to health and infection control. The practice did not have a risk assessment for legionella (Legionella is a bacterium which can contaminate water systems in buildings), as neither location had water tanks. We were assured that regular flushing of water outlets was undertaken and following our inspection the practice forwarded a completed risk assessment which detailed the associated risks and actions taken to reduce them.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. As part of the productive general practice scheme the management had proactively reviewed the rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was a panic alarm in addition to an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to an emergency and its location.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available at both locations and oxygen with adult and children's 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. The practice did not keep a supply of some medications which may be beneficial in an emergency and we were told that a discussion had taken place regarding this. Following our inspection the practice manager told us that the rationale for this would be added to the medication risk assessment.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. All staff had access to emergency contact numbers via their mobile phones.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.
- 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 from 2015/2016 showed the practice had achieved 92% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. Unverified figures for 2016/2017 showed this score had improved to 96%.

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. Overall exception reporting for the practice was 4% compared to the CCG average of 9% and the national average of 10%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was lower than CCG and national averages. For example, the percentage of patients with newly diagnosed diabetes, on the register in the preceding April to March who were referred to a structured education programme within 9 months of entry onto the register was 88% compared to the CCG average of 95% and the national average of 92%.

- Performance for mental health related indicators was better than CCG and national averages. For example, 95% of patients with schizophrenia, bi-polar affective disorder and other psychoses had a record of their alcohol consumption in the preceding 12 months was 96% compared to the CCG average of 91% and the national average of 89%.

Data evidenced by the practice for the year 2016/2016 showed an overall improvement in the outcomes for patients with long term conditions. For example, in the management of patients with diabetes the practice had improved their QOF score by 14 points. This meant that more patients were being seen and their needs reviewed.

The practice manager was a board member of the local GP federation and was supported by the practice partners in this role. As a member of the federation the practice was foremost in piloting schemes such as a new 'Care Navigation Template' with an aim to signpost patients to the most appropriate care, service or clinician that could meet their needs.

There was evidence of quality improvement including clinical audit:

- We reviewed a number of clinical audits. Two clinical audits that had been completed in the last two years were reviewed in depth. We saw that improvements had been implemented, monitored and maintained.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of patient medications to ensure that the prescribing was in line with local and national guidance.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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 practice could demonstrate how they ensured role-specific training and updating for relevant staff. The practice also supported staff to develop new skills for example a health care assistant was currently being supported through a programme to become a nurse

# Are services effective?

## (for example, treatment is effective)

associate. This role was intended to bridge the gap between health and care support workers, and offered an opportunity for a health care assistant at the practice to progress into nursing roles.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. An audit of sample taking for cervical screening had recently been completed. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to annual updates, CCG meetings, on line resources and discussion at practice meetings. Nursing staff told us that they held a regular 'journal club' to review relevant nursing articles.
- The practice was part of a federation of GPs within the North Kirklees Clinical Commissioning Group who were working closely to improve outcomes and access for patients.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff were encouraged to develop competences that would benefit the patient population. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work and were encouraged to develop new skills and competencies. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. 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.
- We saw that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. Information

regarding complex patients was clear and informative. A review of these plans and guidelines by the GP specialist advisor on the day of inspection showed that this could assist patients to remain in their own homes in the event of an emergency, if appropriate.

- The practice participated in the 'Care closer to home' initiative which enabled patients to receive care at the practice and reduce visits to hospitals.

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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals including district nurses, on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated and culturally sensitive way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### 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. The clinicians at the practice were able to discuss how an amendment to the Act, the Deprivation of Liberty safeguards which allow restrictions to be used in a person's best interests, were relevant to some of their complex patients including those with dementia.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance, for example, the Gillick competency and Fraser guidelines. The Gillick competency and Fraser guidelines help to balance children's rights and wishes with the responsibility to keep children safe from harm. We also saw that a teenage confidentiality policy was in place.

# Are services effective?

## (for example, treatment is effective)

- 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 and signposted them to relevant services. 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 cessation.
- The practice's uptake for the cervical screening programme was 72%, which was lower than the CCG average of 83% and the national average of 81%. The practice had invited a local organisation to spend time in the practice so they could signpost patients to suitable support and would liaise closely with the Imams from the local mosques who would promote health promotion and health screening within their congregation.
- Childhood immunisations were not undertaken at the practice but at a neighbouring location in line with the national childhood vaccination programme. Immunisation rates were relatively high for all standard childhood immunisations. Data given to us by the practice for 2016/2017 showed that immunisations for 2 year olds were 98% (national average 91%) and also

98% (national average 88%) for 5 year olds in the same period. The practice had liaised with the local Imam and the patient participation group to encourage the uptake of vaccines.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by providing information in different languages and for all patients they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. The number of patients screened for bowel cancer within the last 30 months was 36% which was lower than the CCG average of 54% and the national average of 58%. However we saw that posters and leaflets were prominently displayed around the practice and clinicians were encouraging patients to undergo screening. This type of screening was discussed as being culturally sensitive for high numbers of the patients.

There were failsafe systems 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.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. Patients over 75 years old were offered a health check if they did not attend the surgery for other reasons. 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

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Disposable curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.
- Following a suggestion by the PPG, the chairs in the waiting room at the Sidings location had been rearranged to allow greater privacy for patients at the reception desk.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Patients who might struggle to afford the cost of a lengthy telephone consultation could advise staff of this and request a call back.
- We were told of numerous positive examples where staff at the practice had demonstrated compassion, kindness, dignity and respect for individuals and their families.
- We saw staff treated patients with kindness, dignity and respect whilst communicating where appropriate in the patient's own language.
- We were told by a visiting professional that whilst a complex patient was waiting in the reception area on the day of our inspection, the receptionist took time to engage the distressed patient in conversation and make their experience more comfortable.

All of the 32 patient Care Quality Commission comment cards we received were very 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. Many cards gave examples of where patients felt that they and their families had been treated in a particularly kind and caring manner.

We spoke with four patients during the inspection, the manager of a care home supported by the practice and seven members of the patient participation group (PPG). We were told the care provided by the practice was excellent. We were given numerous positive examples of personalised, responsive and compassionate care including where the GPs had arranged for a complex patient to receive the specialist care that they required out of area so that their health needs could be met.

Results from the national GP patient survey conducted in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 85% of patients said the GP gave them enough time which was the same as the CCG average and comparable to the national average of 87%.
- 97% 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%
- 85% of patients said the nurse was good at listening to them compared with the CCG and national average of 91%.
- 83% of patients said the nurse gave them enough time compared with the CCG and national average of 92%.
- 93% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 58% of patients said they found the receptionists at the practice helpful compared with the CCG average of 68% and the national average of 73%.

Patients we spoke with on the day said they felt listened to and that the GP understood their wishes. Patients also said they were given options regarding their treatment and were involved in their care plans.



## Are services caring?

The views of external stakeholders were positive and in line with our findings. For example, the manager of a local care home where some of the practice's patients lived told us that the residents received excellent personalised care and support from the practice.

### 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 exceptionally positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals. A teenage confidentiality policy was in place and emergency appointments were available for when needed. Late evening appointments were also available for children.

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. The patients we spoke with on the day responded very positively to questions about their involvement in decision making.

- 86% of patients said the last GP they saw was good at explaining tests and treatments which was the same as the national average and comparable to the CCG average of 85%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care which was the same as the CCG average and comparable to the national average of 82%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments, which was the same as the CCG and national average.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them. A number of staff including GPs, were able to speak several languages relevant to the patient population
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital. Patients were directly assisted by staff to choose where they wished to be treated and the booking made on their behalf if necessary.
- Patients who might struggle to afford the cost of a lengthy telephone consultation could advise staff of this and request a call back.

### 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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified and coded 33 patients as carers, which is less than half of one percent of the patient list. However, the practice estimated this number at 200 patients but discussed with us that many of this group did not view themselves as carers when they were caring for their relatives and so had not been coded as such. Written information was available to direct carers to the various avenues of support available to them and we were told of individual support offered to families and carers by the patient participation group.

The practice had invited a local organisation to spend time in the practice so they could signpost patients and carers to suitable support.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered pre-bookable appointments on a Saturday morning for any patients who could not attend during normal opening hours.
- Services were tailored to meet the needs of individuals and were delivered to ensure flexibility of choice and continuity of care. For example, there were longer appointments available for patients with a learning disability, those with mental health needs and for patients who required an interpreter. The practice would also review individual cases and provide extra consultation time if required.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients and their families about their end of life care as part of their wider treatment and care planning. We found that comprehensive plans and notes were made which would assist out of hours staff in their clinical decision making if necessary.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. However, we were told that the GPs would stay behind and see any patients who urgently needed to be seen.
- The practice sent text message reminders to patients of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities in both locations, which included a hearing loop and a lift at the Sidings Healthcare Centre. Interpretation services were available and we saw that several staff were able to speak additional languages which were relevant to the practice population.
- Childhood immunisations were undertaken by an alternative provider, however the practice would immunise children who did not attend this specialist clinic. The practice had liaised with the local Iman and the patient participation group to encourage the uptake of vaccines which contained porcine. Members of Muslim or Jewish religious communities may be concerned about using vaccines that contain gelatine from pigs (porcine gelatine).
- The practice would arrange proactive reviews with diabetic patients who were wishing to fast throughout Ramadan. This would enable them to manage their health and medication during this period.
- The practice supported a nursing home for adults with mental health needs and dementia. The manager of the care home asked to speak to the CQC on the day of the inspection. The manager described how the practice responded very promptly to all requests for visits and appointments from the home. The lead GP for mental health was described as engaging, person centred and responsive with all staff making every effort to make individuals feel valued and comfortable. Staff told us the practice would also listen to staff and patient concerns and maintained relationships by discussing topics which interested the patient. The care was described as excellent.
- The practice was positively embedded into the local community and liaised regularly with the local mosque, their patient participation group (PPG), local leaders and community staff. These organisations were integral in planning services that met patients' needs. GPs at the practice would liaise closely with the Imans from the local mosques who would promote health promotion and health screening within their congregation. In recognition of the religious and cultural observances of the majority of the population, when families were bereaved, the GP would respond quickly, at times during the night, in order to provide the necessary death certification to enable a prompt burial to be arranged. The GP would then continue to liaise with the coroner, family and Iman as necessary and bereavement support information was given to the relatives of the deceased.
- The practice allowed patients who travelled abroad frequently, to request enough repeat medication to allow them to manage their health whilst away. Their medication was then suspended and then re-instated upon the patients' return after they were seen in the practice.
- The GPs had responded to the needs of the local population and with a further partner had self-funded the build of the new Sidings Healthcare Centre.

# Are services responsive to people's needs?

## (for example, to feedback?)

- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that all patients could receive information in formats that they can understand and receive appropriate support to help them to communicate. The practice were able to offer peer support to patients through their PPG.
- We were told that when issues were identified at the practice the GPs would hold impromptu consultations with the staff team and ask for their suggestions for improvements and the way forward.

### Access to the service

The Sidings Healthcare Centre reception and surgery was open between 8am and 6.30pm Monday to Friday. The branch practice situated at New Brewery Lane was open between 8.30am to 1pm Monday to Friday. Extended hours appointments were offered at the New Brewery Lane location between 8am to 12pm on Saturdays for pre-bookable appointments only. All telephone calls were answered at The Sidings location.

Previous results from the July 2016 national GP patient survey, showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 64% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) and national average of 76%.
- 27% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.
- 51% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 85%.
- 81% of patients said their last appointment was convenient compared with the CCG and national average of 92%.
- 30% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.

- 41% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%.

However, in 2016 the practice moved to a new purpose built building as their main location. They reviewed appointments and installed a new telephone system as well as engaging an additional salaried GP and a pharmacist. Patients told us on the day of the inspection that they were able to get appointments when they needed them and were able to see a GP of their choice.

The practice shared with us results of a patient survey they had undertaken following our inspection. Data evidenced by the practice showed that:

- 98% of patients attending the phlebotomy clinic felt they were offered an appointment which was convenient and appropriate.
- 100% of patients attending the practice for Anticoagulation or 24 hour blood pressure monitoring reported a positive experience of the service.
- 100% of patients attending the phlebotomy clinic were seen within 15 minutes of their appointment.

The practice had a system to assess:

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

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.

### Listening and learning from concerns and complaints

The practice had a system 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. A poster was displayed and a complaints pack was available.



# Are services responsive to people's needs?

(for example, to feedback?)

We looked at four complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way and with openness and transparency. We saw evidence of meetings with patients and that apologies were given where appropriate.

# Are services well-led?

Outstanding



(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 high quality outcomes for patients and staff knew and understood the values of the practice and all staff had a good understanding of the needs of the local population. The leadership, governance and the culture of the practice all helped to drive and improve the quality of care.

- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- We saw that the partners at the practice had an inspiring shared purpose and were able to deliver outcomes and motivate staff to succeed.

### 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs, the practice manager and nurses had lead roles in key areas such as safeguarding and infection control.
- Practice specific policies were implemented and were available to all staff through the practice's computer system. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained and this was proactively reviewed to reflect good practice. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Governance and performance management arrangements were proactively reviewed and reflected best practice. For example, the practice participated in the 'Productive General Practice' programme and had implemented new processes for workforce planning and workforce organisation. For example, the administration team had implemented a 'jobs board' whereby each required daily task was allocated to an individual using a red and green card. As the task was completed, the

card was turned over to the green side. Tasks which remained red were reviewed and re-allocated if necessary the same day. This ensured that all tasks were completed each day and had resulted in a projected saving of 52 hours of practice management time over the course of a year. Reception staff had ownership of and were accountable for this process and we saw that the success of this board was celebrated by the team.

- We saw evidence from minutes of meetings that allowed for lessons to be learned and shared following significant events and complaints. Significant events were also reviewed in an annual meeting.

### 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 compassionate and responsive high quality care. They told us they prioritised safe, high quality, community focussed care. 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 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 engagement, openness and honesty. We found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. The lead GP for safeguarding held a monthly one to one meeting with the health visitor to monitor vulnerable families and safeguarding concerns. The health visitor also attended monthly multi-disciplinary meetings.

# Are services well-led?

Outstanding



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

- Staff told us the practice held regular team meetings and in addition to on line training, staff could access learning opportunities during protected learning afternoons which were held once per month.
- 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 supported in doing so. The team told us that they would get together for social opportunities. Minutes were comprehensive and were available for practice staff to view.
- We observed and were told of high levels of staff satisfaction within the team and staff were proud of the organisation and spoke highly of the positive culture within the practice. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were constructively engaged in discussions and meetings about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG), staff members attended this group including the GPs and the group was highly valued by the partners and the group members. The PPG met regularly and submitted proposals for improvements to the practice management team and also liaised with community members to assist in the promotion of services and screening opportunities. The views of the PPG were seen as integral to the promotion and running of the service.
- The GPs had responded to the needs of the local population and with a further partner had self-funded the build of the new Sidings Healthcare Centre.

• The practice welcomed rigorous and constructive challenge from people who used services. Regular engagement with patients, community leaders and stakeholders was seen as a vital way of holding services to account and improving outcomes.

- The GPs had worked closely with council leaders to develop a concrete exercise path on a piece of land close to the practice. We were told of high numbers of patients who regularly used the path for exercise.
- The NHS Friends and Family test, complaints and compliments received.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. We saw strong collaboration and support across the staff team and a common focus on improving the quality of care and peoples experiences. In addition to regular appraisals, we were told that when issues were identified at the practice the GPs would hold impromptu consultations with the staff team and ask for their suggestions for improvements and the way forward. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and that they felt involved and engaged to improve how the practice was run.

## Continuous improvement

We saw that the leaders at the practice worked closely with other organisations and were committed to improving care outcomes for patients and tackling health inequalities. The practice manager had lead roles within the local GP federation which worked closely with the CCG. The practice working within the federation was involved in piloting schemes such as a care navigation template for signposting patients. The practice told us it was striving for excellence within their own organisation and also helping and encouraging the other practices within North Kirklees to face future challenges.

We saw that the practice embraced CCG initiatives and had also participated in the 'Productive General Practice' programme and implemented new processes for workforce planning and workforce organisation which was highly praised by the team.