

Albion Street Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Albion Street Surgery on 17 December 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses which were investigated and lessons shared.
- Patients were at an increased risk of harm because systems and processes were not in place to keep them safe. For example, appropriate risk assessments relating to health and safety, fire safety and COSHH (Control of Substances Hazardous to Health) had not been undertaken. Actions identified from an infection prevention and control audit had not been undertaken and documented.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity. They said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. For example, the practice established arrangements so patients had access to a female GP and implemented a task noticeboard on the clinical record system to manage the demand for same day appointments.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, however some were overdue a review.
- There was a clear leadership structure and staff felt supported by management. However, there were limited formal governance arrangements and some members of staff said they were unsure how to access policies.

Summary of findings

- The practice had proactively sought feedback from patients and were in the process of starting a patient participation group.

The areas where the provider must make improvements are:

- Take action to address and document identified concerns with infection prevention and control practice and operate a cleaning schedule appropriate to the care and treatment being delivered and monitor the level of cleanliness.
- Implement systems for assessing and monitoring Health and Safety, COSHH and fire safety risks and carry out actions identified in the legionella risk assessment.
- Provide staff with appropriate up to date policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.

The areas where the provider should make improvement are:

- Ensure there are systems and processes that assure compliance with relevant Patient Safety Alerts, recalls and rapid response reports regarding medicines that are issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS).
- Ensure that all equipment, such as blood pressure monitors, nebulisers and weighing scales are calibrated and safe for use.
- Ensure that a system is in place that assures the security and appropriate use of prescription pads.
- Ensure the practice works with the CCG to develop an action plan to address the outlying area of coronary heart disease.

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting, recording and analysing significant events.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses which were investigated and learning was shared with staff. However, we found that not all lessons from such incidents were implemented.
- Patients were at increased risk of harm because systems and processes were not in place to keep them safe. For example, risk assessments relating to fire safety, health and safety and COSHH had not been undertaken and actions identified in a legionella risk assessment undertaken in 2014 had not been carried out at the time of our visit.
- Only seven items of equipment had been calibrated in 2015. We saw additional items of equipment that had not been calibrated since 2013. For example, a blood pressure monitor, a nebuliser and weighing scales. Some actions identified in an infection control audit in 2014 had not been fully carried out and documented
- Emergency medications and oxygen were available in the practice. However, one GP was not aware that they were available or their location.
- While GPs received and acted on patient safety alerts it appeared that the relevant staff were not aware of these or their location. There was no systems in place to assure that all relevant staff were aware of such alerts.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were variable for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance and we also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.

Summary of findings

- The practice had joined with other local GP practices to employ a business manager who analysed performance data and helped to plan future services.
- The practice had engaged with the local Clinical Commissioning Group (CCG) medicines management initiatives and participated in a polypharmacy scheme to ensure prescribing was in line with local guidelines. For example, the practice had achieved a 16% reduction in the overall prescribing of benzodiazepines since 2014.
- The practice used proactive methods to improve patient outcomes and were working with other local providers to share best practice and ensure patients had access to a range of services. For example, working with other local GP practices where facilities were more suitable to carry out minor surgery and 24 hour blood pressure monitoring.
- Clinical audits demonstrated improvements. However, learning from the audits had not been shared with the nursing staff.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, training needs were identified and staff were supported and encouraged by the GP partners and practice manager to develop their knowledge and skills.
- We saw that most staff had annual appraisals and personal development plans, although this was not the case for all staff.
- Staff worked with multidisciplinary teams and attended multi-disciplinary meetings to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice comparable to others for several aspects of care. For example, 87% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Patients told us the practice were supportive when families experienced bereavement.

Good



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 how services were provided to ensure that they met people's needs. For example, working, as a federation with other local GP practices to plan services, analyse performance and provide services in the community.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. For example, increasing the availability of triage by utilising a noticeboard on the clinical system to manage and monitor demand for same day appointments. It had also increased the number of clinical sessions per week to improve access.
- People could access appointments and services in a way and at a time that suited them. While online booking of appointments was available there had been no uptake of this service as yet.
- Some of the GPs were multilingual and carried out patient consultations in Punjabi and Urdu where appropriate.
- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified. For example, engaging with the medicines management team and achieving a 16% reduction in the overall prescribing of benzodiazepine medication since 2014.
- National GP survey data showed that patients rated the practice below average for access. The practice responded by employing additional clinical staff. Patients told us they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day, particularly for young children.
- The practice had outgrown the facilities and extensive refurbishment would be required to meet infection prevention and control standards. In view of this the GPs were planning to move premises in order to meet the needs of patients. A survey had been carried out to gauge patient opinion on the proposed move.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as requires improvement for being well-led.

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

Requires improvement



Summary of findings

- The practice employed a business manager who was undertaking a review of practice performance.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. However we did not see evidence that these had been reviewed.
- The practice had not taken the required action to assess, minimise or monitor risks to patients and staff in relation to health & safety, COSHH or fire safety.
- The practice carried out succession planning with other local GP practices.
- There was no policy or procedure to ensure safety alerts were received, acted upon and the action taken logged.
- The practice did not have in place a system that assured the security and use of prescription pads and electronic prescriptions.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on.
- 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 requires improvement for the care of older people.

The provider was rated as requires improvement for safety and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 65% which was lower than the national average of 73%.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.

Requires improvement



People with long term conditions

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

The provider was rated as requires improvement for safety and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice nurse was the lead for diabetes. Diabetes data from 2014/15 showed an achievement of 87% compared with the CCG average of 91% and the national average of 89%.
- 94% of patients with rheumatoid arthritis, on the register, had a face-to-face annual review in the preceding 12 months and a clinical audit had been undertaken on patients taking medication for this condition.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- Patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

The provider was rated as requires improvement for safety and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice had increased the uptake of cervical smears by 2% since 2012/13. In 2014-15 the uptake was 76% compared with the CCG average of 82% national average of 82%.
- Appointments were available outside of school hours and same day appointments were available for young children.
- We saw good examples of joint working with midwives, health visitors, school nurses and local palliative care nurses.
- Immunisation rates for the standard childhood immunisations were comparable to CCG and national averages.

Requires improvement



Working age people (including those recently retired and students)

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

The provider was rated as requires improvement for safety and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice:

- 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.

Requires improvement



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Appointments were available outside of normal working hours.

People whose circumstances may make them vulnerable

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

The provider was rated as requires improvement for safety and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and had recently aligned review appointments to avoid vulnerable patients having to attend on different days to see different healthcare professionals.
- It had told vulnerable patients about how to access various support groups and voluntary organisations. For example, Kirklees Gateway To Care which is a service providing information, advice and services including referral for social care and some health care services.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held a list of patients who were also carers.

Requires improvement



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 were addressing the number of patients inappropriately taking benzodiazepine medication and achieved a 16% reduction since 2014.

Good



Summary of findings

- GPs were following a template available on the clinical system to carry out dementia checks. However, only 67% of people diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months compared with the CCG average of 83% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. For example MIND which offers specialised mental health support and care based on the needs of the community.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia. The practice manager had undertaken additional mental capacity and Dementia Friends training which was to be discussed with other members of staff.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2015. The results showed the practice was performing in line with local and national averages. A total of 443 survey forms were distributed and 100 were returned giving a response rate of 23%. This represents 4% of the practice patient population. The low return results may be associated with the population characteristics of the practice's patient list as a high proportion of patients are from Asia and English is not their first language.

Of these responses:

- 63% found it easy to get through to this surgery by phone compared to a CCG average of 66% and a national average of 73%.
- 80% found the receptionists at this surgery helpful (CCG average 83%, national average 87%).
- 68% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 87% said the last appointment they got was convenient (CCG average 93%, national average 92%).
- 64% described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 58% usually waited 15 minutes or less after their appointment time to be seen (CCG average 67%, national average 65%).

The practice was aware of the survey results and had made changes to improve access.

The practice's Friends and Family test results for 2015 showed that of 49 responses 71% said they were extremely likely or likely to recommend the practice to their friends and family.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive about the standard of care received. Some patients commented that it was sometimes difficult to get an appointment. However, an equal amount said they found it easy to get an appointment. Two said they felt staff always listened and the majority commented that all the staff were friendly, caring and helpful.

Feedback from patients and the comment cards demonstrated that the practice had improved access since the publication of the national GP patient survey results.

We spoke with six patients during the inspection. All six patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. Two said the practice would always see their young babies on the same day if they were unwell and one said the GP had been very supportive during and after a recent family bereavement.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Take action to address and document identified concerns with infection prevention and control practice and operate a cleaning schedule appropriate to the care and treatment being delivered and monitor the level of cleanliness.
- Implement systems for assessing and monitoring Health and Safety, COSHH and fire safety risks and carry out actions identified in the legionella risk assessment.

- Provide staff with appropriate up to date policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Ensure there are systems and processes that assure compliance with relevant Patient Safety Alerts, recalls

Summary of findings

and rapid response reports regarding medicines that are issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS).

- Ensure that all equipment, such as blood pressure monitors, nebulisers and weighing scales are calibrated and safe for use
- Ensure that a system is in place that assures the security and appropriate use of prescription pads.
- Ensure the practice works with the CCG to develop an action plan to address the outlying area of coronary heart disease.

Albion Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to Albion Street Surgery

Albion Street Surgery is registered with the Care Quality Commission to provide primary care services to 2,581 patients in Heckmondwike, North Kirklees under a Personal Medical Services contract. Heckmondwike is on the 4th most deprived decile of neighbourhoods in England, 44% of the patients registered at the practice are from Black and Minority Ethnic populations.

The practice is based in a two storey terraced property at the end of Albion Street, with most services being delivered on the ground floor. However, access for wheelchair users is difficult and the practice is planning to relocate to more suitable nearby premises.

There are two male GP partners and a female GP (who works two sessions per week), a male advanced nurse practitioner, a female advanced nurse practitioner, a female practice nurse, two healthcare assistants, a practice manager and an administration team.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12.30pm and 1.30pm to 6pm daily. Extended hours surgeries are offered until 7.30pm on Thursdays.

Online booking and an electronic prescription service are available, Minor surgery (e.g. removal of moles and skin lesions) is carried out by the GPs at a neighbouring practice where facilities are more suitable for this service.

When the practice is closed out of hours services are provided by Local Care Direct and NHS 111.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 December 2015. During our visit we:

- Spoke with a range of staff including GPs, nurses and administrative staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available.
- The practice carried out a thorough analysis of the significant events and learning was shared at staff meetings.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended the CCG fortnightly safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to the recommended Safeguarding level three.
- Nurses would act as chaperones, if required although no signs were displayed to inform patients of this. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- A cleaner was employed and a cleaning schedule was available. However, we did not see evidence that this was being followed, checked and documented.

Appropriate standards of cleanliness and hygiene were challenging due to the décor of the practice. We observed the premises to be generally clean but cluttered and untidy with areas used for inappropriate storage of items.

- Staff were unsure who was the infection prevention and control (IPC) clinical lead, the practice nurse thought it may be her. There was no liaison with the local IPC team to keep up to date with best practice. We did not see evidence of an infection control protocol and staff had not received up to date training.
- The last IPC audit undertaken in July 2014 scored 61% and a three month action plan review was recommended. We saw evidence that some action had been taken to address improvements identified. For example, the carpets had been cleaned and hand sanitiser was provided. However there was no evidence that other actions such as ensuring staff received reminders about correct waste segregation had been completed and documented.
- There were arrangements for managing medicines, including vaccinations, in the practice to keep patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines.
- Prescription pads were stored in the reception area. A safe was available for storage but there were no systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were not assessed and well managed.

- Procedures were not in place for monitoring and managing risks to patient and staff safety. There was a health & safety poster in the reception office and a health and safety policy was available, but this was not up to date and made no reference to carrying out risk

Are services safe?

assessments. After the inspection, a full health and safety risk assessment was undertaken and submitted to us with a detailed action plan to address the identified concerns.

- The practice did not have up to date fire risk assessments. There were no smoke detection or fire alarm systems and no exit signage. Regular fire drills were not undertaken although fire extinguishers were serviced and accessible. Staff had completed online training in fire safety and were able to describe the action to be taken in the event of a fire.
- We observed combustible materials and old equipment had been stored inappropriately in two upstairs rooms, the vaccine fridge room and in a corner opposite the patient toilet. After the inspection the practice were able to provide evidence that a fire risk assessment had been scheduled for January 2016 and assurance was provided that old equipment and any unnecessary items would be removed from the premises. The lead CQC inspector contacted the West Yorkshire Fire Service. An inspector from the fire service visited the premises on 23 December 2015 and made recommendations that torches and smoke alarms should be purchased as an immediate action until the full assessment could be carried out.
- No testing of the electrical hard wiring of the building had been undertaken. All electrical equipment was checked to ensure the equipment was safe to use. We noted that seven items of clinical equipment were calibrated to ensure they were working properly. However, we saw many items of equipment had not been calibrated some time. For example, a blood pressure monitor, a nebuliser and weighing scales had not been calibrated since 2013. Such items should be calibrated each year to ensure they are effective. The lamp used by the practice nurse to carry out cervical screening had been reported to the manager as being unsuitable but no action had been taken.

- The practice had undertaken a legionella risk assessment in 2014 which placed the practice at medium risk. A number of actions were required such as flushing toilets and running taps in the disused bathroom. These actions had been carried out and documented until 31 August 2015 when these actions ceased. The practice manager gave assurance that these actions would be resumed and documented in the future.
- There were no risk assessments in place to monitor the control of substances hazardous to health (COSHH). The practice manager was able to provide assurance that a risk assessment would be undertaken and notices would be displayed in the cleaners cupboard.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

- The practice had arrangements in place to respond to emergencies and major incidents. There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in a locked cabinet in the nurses room. However, not all GPs were aware that oxygen and emergency drugs, other than adrenaline were available. All the medicines we checked were in date and fit for use.
- The practice had oxygen with adult and children's masks. There was also a first aid kit and accident book available.

The practice had a 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available, with 9% exception reporting. This practice was an outlier for Coronary Heart Disease admissions. Data from 2014/15 showed the rate of admissions was 18% compared with the national average of 8%. The practice serves a population living in an area of high deprivation with a high number of patients of South Asian origin, and this means that patients are disproportionately more likely to develop coronary heart disease. While the examples of clinical care discussed were good, the GP specialist adviser felt that the practice should work with the CCG to develop its approach to CHD prevention.

- The practice had engaged with the CCG medicines management team and achieved a 16% reduction in the overall prescribing of benzodiazepines since 2014. Benzodiazepines are a group of medicines that can be used to help with severe sleeping difficulties or anxiety.
- The practice nurse was the diabetic lead and reviewed patients' blood results, encouraged patients to manage their weight and take medications. Performance for diabetes related indicators was slightly below the CCG and national averages. Data from 2014/15 showed an achievement of 87% compared with the CCG average of 91% and the national average of 89%

- The practice held a register of mental health patients. Data showed 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months compared with the CCG average of 89% and the national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, both of these were completed full cycle audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. For example, the North Kirklees CCG polypharmacy initiative.
- Findings were used by the practice to improve services. Recent action taken as a result included removing methotrexate (a medication used to treat rheumatoid arthritis) from repeat prescribing and ensuring a GP authorised each prescription.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. The practice had encouraged and supported the phlebotomist to complete the healthcare assistant certificate and the practice nurse attended six weekly meetings with the lead nurse from the CCG. Administrative staff told us that requests for training were always honoured and they felt encouraged to develop their knowledge.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and

Are services effective?

(for example, treatment is effective)

facilitation and support for the revalidation of doctors. We saw that most staff had participated in an appraisal within the last 12 months and had personal development plans, although this was not the case for all staff.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings included the local palliative care nurses and took place on a monthly basis. Care plans were routinely reviewed and updated. One of the local palliative care nurses regularly came into the practice to work.

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 practice manager had undertaken mental capacity act training to update other members of staff.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant local service.
- Smoking cessation advice was available from the practice nurse. QOF data for 2014/15 showed the practice had achieved 100% score compared to the CCG average of 97% and the national average of 95%.
- The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice had increased the uptake of cervical smears by 2% since 2012/13. In 2014/15 the uptake was 76% compared with the CCG average of 82% and the national average of 82%.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 92% to 100%. Flu vaccination rates for the over 65s were 65%, and at risk groups 47%. These were below national averages of 73% and 53% respectively.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

All of the 45 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 87% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 83% said the GP gave them enough time (CCG average 85%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 82% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).

- 82% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 90%).
- 80% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care (CCG average 79% , national average 81%)

Staff told us that translation services were available for patients who did not use English as their first language. The GPs carried out consultations in Urdu or Punjabi for many patients and a telephone translation service was used for other languages.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, MIND, stroke services and carer support.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. 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. This call was either followed by a patient consultation

Are services caring?

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. A patient told us the GPs had been very supportive to his family during and after a recent bereavement.

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. However, This practice was an outlier for Coronary Heart Disease admissions. The practice was aware of the needs of the South Asian community but needed a joint strategy with the CCG for tackling it.

- The practice offered a 'Commuter's Clinic' on a Thursday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had recently initiated a system to manage patient requests for same day appointments by logging requests using a noticeboard on the clinical system. GPs would undertake a telephone triage and book patients in on the same day if necessary, all actions on the notice board could be monitored and outcomes were auditable.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The GPs staggered their sessions so that appointments were available from 8.30am to 12.30pm every morning and 1.30pm to 6pm daily. Extended hours surgeries were offered until 7.30pm on Thursdays. 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. In response to this the practice had created additional clinical sessions with GPs and advanced nurse practitioners to improve access for patients. People told us on the day that they were were able to get appointments when they needed them.

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 63% patients said they could get through easily to the surgery by phone (CCG average 66%, national average 73%).
- 64% patients described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 58% patients said they usually waited 15 minutes or less after their appointment time (CCG average 67%, national average 65%).

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.

We looked at one complaint received in the last 12 months and found it was satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint.

Are services well-led?

Requires improvement 

(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 collaborated with other local GP practices and employed a business manager to create a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had some overarching governance frameworks 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 business manager was undertaking a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.

However;

- Practice specific policies were poor, required updating and not all staff were aware of them.
- Effective arrangements had not been made to identify, record and manage risks, issues and implement mitigating actions.

Leadership, openness and transparency

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

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

When there were unexpected or unintended safety incidents:

- the practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us that the practice held regular team meetings which were documented.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- Feedback had been gathered from patients through surveys and complaints received. There were plans to start a PPG and patients had applied to be members, they had suggested holding a practice event for patients.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
Family planning services	Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Premises and equipment
Maternity and midwifery services	The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.
Surgical procedures	The registered manager did not provide staff with appropriate up to date policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
Treatment of disease, disorder or injury	This was in breach of regulation 15(1)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
	The registered manager did not take action to address and document identified concerns with infection prevention and control practice and operate a cleaning schedule appropriate to the care and treatment being delivered and monitor the level of cleanliness.
	This was in breach of regulation 15(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.