Parkview Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parkview Surgery on 13 October 2016 Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients 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 had good facilities and was well equipped to treat patients and meet their needs.
- The practice worked closely with other organisations in planning how services were provided to ensure that they met patients' needs.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice was one of a group of 11 practices that submitted proposals to the NHS Estates and Technology Transformation Fund to transform care for

Summary of findings

90,000 patients in in North Kirklees. The partners had brought about significant change in the practice which delivered improved services and outcomes for patients.

The areas where the provider should make improvement are:

- Carry out a risk assessment to identify a list of medicines that are not suitable to stock at the practice and ensure that this is kept under review.
- Assure themselves that locum GPs understand and work within the requirements of the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards.

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?

Good

The practice is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines. Data showed that the practice had effectively reduced the overall prescribing of medicines as a result.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Building maintenance, general cleaning and legionella checks were the responsibility of the building owner. The practice had a procedure to report building faults and request maintenance.
- There was a risk assessment in place for clinicians who may need to take emergency medicines on home visits. However, we did not see evidence of a risk assessment to identify a list of medicines that were suitable for the practice to stock or not.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- This practice had been an outlier for two national clinical targets in 2014. The practice had resolved this in 2015 and we noted that they received a letter of commendation from the CCG for becoming a higher achieving practice.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Where appropriate, patients were referred to community matrons. Patients were also referred to diabetic, respiratory and heart failure specialist nurses to provide care closer to home and avoid hospital admissions.
- The practice referred patients taking benzodiazepines to a North Kirklees project which provided a structured programme to reduce the overall prescribing of these medicines. Benzodiazipines are used to treat anxiety and sleeping problems.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- There was a protocol for consent and most staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, one of the locum GPs was unfamiliar with the Act or the Deprivation of Liberty Safeguards. (The Deprivation of Liberty Safeguards (DoLS) are a set of checks that aims to make sure that any care that restricts a person's liberty is both appropriate and in their best interests).

Are services caring?

Good

The practice is rated as good for providing caring services.

- We observed a strong patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, we were told that staff had provided support to vulnerable patients including accompanying them to hospital appointments.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 91% 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%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- The practice was registered as a dementia friendly practice and staff had received additional training. The surgery had organised an event for dementia patients and their carers in May 2016.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice hosted a counselling service who provided bereavement counselling. We saw feedback from patients thanking the practice for their care and support, before and at the time of bereavement.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice offered enhanced services in line with the CCG 'care closer to home' policy. For example, minor surgery, phlebotomy, 24 hr blood pressure monitoring, spirometry and electrocardiograms.
- The practice worked closely with other organisations in planning how services were provided to ensure that they meet patients' needs. They also signed up to pilot services where possible. For example, the practice piloted the NHS Friends and Family test and were part of a clinical pharmacy pilot which had resulted in recruiting an additional clinical member of the team. (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 offered extended hours clinics with the GP, advanced nurse practitioners and healthcare assistants on a Monday evening until 8pm for working patients who could not attend during normal opening hours.
- Patients 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 had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered online services including appointment booking and ordering repeat prescriptions. Patients were able to register to receive information by text message regarding appointments and health care.

Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- They were actively recruiting GPs and had signed up to local pilot schemes to increase the number and skill mix of the team.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff told us that they worked well together as a team and felt that their work was appreciated.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice engaged with the residential and nursing homes registered with them to ensure that patient's acute health needs were met and long term condition reviews were provided.
- Annual checks were offered to patients over 75 with no long term conditions.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that 63% of patients aged 60 to 69 were screened for bowel cancer in the preceding 30 months (CCG average 54%, national average 58%).

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, 93% of patients with diabetes, on the register, had a record of a foot examination and risk classification (CCG average 89%, national average 88%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered an enhanced service to avoid unplanned hospital admissions. Patients identified at high risk of hospital admission were prioritised for appointments.

Summary of findings

- Where appropriate, patients were referred to community matrons and Diabetic, COPD and Heart Failure Specialist Nurses to provide care closer to home and avoid hospital admissions.
- The practice were piloting online asthma reviews, where patients could request an online review appointment. All patients requesting online reviews were reviewed by nursing staff to assess their suitability.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 87%, which was better than the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Priority access was given for young children. Reception staff were aware to consult with a clinician where there was parental concern.
- The practice offered antenatal clinics and postnatal checks.
- The advanced nurse practitioner and practice nurse offered sexual health advice and contraception.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.

Summary of findings

- Extended hours clinics were offered until 8pm on Mondays. Pre-bookable and same day appointments were available.
- The practice offered online services including appointment booking and cancellation, ordering repeat prescriptions. Patients were able to register to receive information by text message regarding appointments and health care.
- The practice had a surgery pod which enabled patients to undertake new patient checks, BP checks and other screening checks at a time to suit them during opening hours.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Patients could request a call back if they were unable to afford the cost of a call to speak with a clinician.
- 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 or domestic abuse and how to contact relevant agencies in normal working hours and out of hours.
- The practice's computer system alerted GPs if a patient was also a carer. Carers were offered support and invited for annual health checks and flu vaccinations.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice was part of an enhanced service to screen patients for dementia.
- 93% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 83% and the national average of 84%.

Summary of findings

- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months (CCG average 89%, national average 88%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice was a registered dementia friendly practice. Staff had received additional training and had a good understanding of how to support patients with mental health needs and dementia.
- The practice were piloting a hosted counselling service from October 2016. The service included bereavement counselling.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 232 survey forms were distributed and 112 were returned giving a response rate of 48% (national average 38%). This represented just under 2% of the practice's patient list. The results were better than local and national averages.

For example:

- 95% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 24 comment cards which were positive about the standard of care received. Comments included that staff were helpful and caring. Several patients commented that it was easy to make appointments and one said that a hospital referral was dealt with efficiently. Several patients commented on the caring nature of named members of staff. One patient commented that they had not been able to access care and treatment for a specific problem. We shared this information with the practice who took action to contact the patient and discuss their concerns.

The practice were holding an open access flu vaccination clinic on the afternoon of the inspection and we had the opportunity to speak with seven patients during the inspection. All seven patients said they were satisfied with access to appointments, the care they received and thought staff were approachable, committed and caring.

The practice had been a pilot site for the launch of the NHS Friends and Family Test. The results of the NHS Friends and Family Test for the preceding 18 months showed that of 763 respondents, 96% were extremely likely or likely to recommend the practice to a friend or family member.

Areas for improvement

Action the service SHOULD take to improve
The areas where the provider should make improvement are:

- Carry out a risk assessment to identify a list of medicines that are not suitable to stock at the practice and ensure that this is kept under review.
- Assure themselves that locum GPs understand and work within the requirements of the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards.

Parkview 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 adviser and a second CQC inspector.

Background to Parkview Surgery

Parkview Surgery offers primary care medical services to 7529 patients under a Personal Medical Services (PMS) contract. The practice is located at Cleckheaton Health Centre, Greenside, Cleckheaton, BD19 5AP.

- Patients living in this area are ranked as sixth on the scale of one to ten for deprivation (more deprived areas tend to have greater need for health services). The majority of patients are White British. One per cent of patients are from a black, minority and ethnic background.
- The practice occupies a suite on the ground floor in a modern purpose built heath centre opposite Cleckheaton bus station and close to local shops and services.
- The building also houses community dental services, an audiology service, physiotherapy, district nursing, family planning, and other community health services. All childhood immunisations are provided by local community provider, Locala.
- There are three partners (a GP, an advanced nurse practitioner and the practice manager). The clinical team is made up of one male GP, two female advanced nurse practitioners and one female advanced nurse practitioner in training, two female practice nurses, a male clinical pharmacist in training and two female healthcare assistants. The clinical team is supported by the managing partner, practice manager and a team of administrative and reception staff. The practice has a sister practice at Ravensthorpe, Dewsbury. They were able to provide access to a female GP.
- The practice is open between 8am and 6pm Monday to Friday. Extended hours appointments are offered until 8pm on Mondays. In the event of a bank holiday, extended hours clinics are offered on the following day. When the practice is closed calls are transferred to the NHS 111 service who will triage the call and pass the details to Local Care Direct who is the out of hours provider for North Kirklees.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and North Kirklees CCG, to share what they knew about the practice. We reviewed the latest

Detailed findings

2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2016). QOF is a voluntary incentive scheme for GP practices in the UK, which financially rewards practices for the management of some of the most common long term conditions. We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

During our visit we:

- Spoke with a range of staff including GPs, nurses, a pharmacist and administrative staff and spoke with patients who used the service.
- Reviewed questionnaire sheets which were given to administration staff prior to inspection.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form and incident database available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events which were discussed at practice meetings. The practice also reported incidents through the local CCG quality issues log.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice introduced a system to ensure that all urgent referrals to other services were received in response to an incident.

There was a protocol to receive and distribute patient safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). (The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). All alerts were shared throughout the practice and acted upon accordingly.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse and the practice had carried out a safeguarding self-assessment to ensure they met safeguarding standards. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and safeguarding flowcharts with local contacts were displayed in the reception office. 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 and a deputy for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP and the advanced practitioners were trained to child protection or child safeguarding level three. Practice nurses and health care assistants were trained to level two and administrative staff received training to level one.
- 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 and all staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention & control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken. The most recent one was in August 2016 and we saw evidence that action was taken to address any improvements identified as a result. The practice displayed information for staff to ensure that clinical waste was segregated and stored appropriately and a waste audit was carried out in 2016 to ensure that staff were segregating and disposing of waste in line with procedures.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy

teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Data showed that the practice had effectively reduced the overall prescribing of medicines as a result. For example, there was a 30% decrease in patients taking benzodiazipines during 2015/16. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- There were identified members of staff responsible for managing and monitoring the vaccine fridges. We saw that the temperatures of the vaccine fridges were recorded daily and checked against secondary temperature recording devices and action had been taken where the temperature range was outside the accepted temperature range for the safe storage of vaccines. Staff also carried out a cold chain audit which demonstrated that staff were correctly following procedures.
- Two of the nurses and a clinical pharmacist had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had 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. A health care assistant had recently completed training to administer vaccines and patient specific prescriptions (PSDs) were in place to enable them to administer vaccinations under direction from a prescriber. PSDs are written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- We reviewed two personnel files including a recently recruited staff member and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Staff had access to occupational health services. The staff records we reviewed with the practice manager provided evidence to support that relevant staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. Members of staff new to healthcare had received the required checks as stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff (The Green Book is a document published by the government that has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice carried out health and safety risk assessments. Recent actions to improve health and safety included manual handling training for staff and work station assessments for administrative staff members. The practice had up to date fire risk assessments and took part in regular fire drills and building evacuations. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. Building maintenance, general cleaning and legionella were the responsibility of the building owner. (Legionella is a particular bacterium which can contaminate water systems in buildings). The practice had a procedure to report building faults and request maintenance. Staff told us that requests to clean the carpets and carry out repairs were acted on promptly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had the facility to share staff with its sister practice. They engaged long term locum GPs where necessary.

Arrangements to deal with emergencies and major incidents

Good

Are services safe?

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the reception office.
- The practice had a defibrillator available on the premises 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. There was a risk assessment in place for clinicians who may need to take emergency medicines on home visits but there was no evidence of a risk assessment to identify a list of medicines that were suitable for the practice to stock. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Key members of staff had copies of the plans at home and information was shared with other services in the premises and the building owners.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example, the practice discussed hormone replacement therapy (HRT) guidance introduced by NICE in 2015 and identified that patients taking HRT were not recalled annually. The practice identified and contacted 44 patients affected and introduced a recall system for patients taking HRT.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, audits were carried out on locum GPs to ensure they were following local and national guidelines.

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 showed the practice had achieved 98% of the total number of points available with just under 11% exception rating (CCG and national average 9%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice had been an outlier for two national clinical targets in 2014. The practice resolved these in 2015 and had received a letter of commendation from the CCG for becoming a higher achieving practice. The practice showed us that they had increased the identified prevalence of diabetes from 3.74% to 5% of the patient list in 2015/16.

Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 93% of patients with diabetes, on the register, had a record of a foot examination and risk classification (CCG average 89%, national average 88%). Data showed that 100% of diabetic patients were referred to a structured education programme within nine months after entry on to the diabetes register with 83% exception rating. (CCG exception rate 39%, national rate 27%). Staff told us that patients were happy to receive treatment at the practice and refused referral to the external service.
- Performance for mental health related indicators was better than the national average. For example, 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months (CCG average 89%, national average 88%).
- Performance for hypertension related indicators was similar to the national average. Data showed the last blood pressure reading for patients in the preceding 12 months was within normal parameters for 85% of patients with hypertension (CCG average 85%, national average 84%).

The nursing team were responsible for the management of QOF. Domains were assigned to a practice nurse or advanced nurse practitioner with GP support. The practice undertook audits of exception reporting to ensure they followed the policy and reduced exception rates where possible. The QOF lead met with the data quality manager from the CCG to identify where further improvements could be made. The practice recently engaged the services of an independent company to identify any missing patients from QOF registers. These patients were then reviewed and where appropriate were added to a relevant register. This had resulted in a further 62 patients being added to disease registers.

There was evidence of quality improvement including clinical audit. We saw that audits were discussed at clinical meetings.

- There had been four clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- The practice also audited locum GPs to ensure that their prescribing and record keeping was in line with practice and local standards.

Good

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, clinical staff received an update on the guidance for patients with heart failure.

Effective staffing

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

- The practice were expanding the team and were part of local apprenticeship programmes for reception and healthcare assistant staff. There was 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. We reviewed the newest member of staff's induction file and evidence was available to support the policy and process.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions or performing phlebotomy and spirometry. The practice employed a pharmacy technician whose role included reviewing medication changes, referral letters and medication queries. They also took part in prescribing audits and liaised with local pharmacists.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at local nurse forums and practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. There was an employee handbook and staff had access to and made use of e-learning training modules, CCG led 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. Regular clinical meetings were also held by the team to plan and discuss care.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Referrals were sent electronically to other services where available.
- Where appropriate, patients were referred to community matrons and diabetic, respiratory and heart failure specialist nurses to provide care closer to home and avoid hospital admissions.
- The practice used the Electronic Palliative Care Coordination Systems (EPaCCS) shared care records to document care for patients approaching the end of life, including their expressed preferences for care.
- The practice referred patients taking benzodiazepines to a North Kirklees project which provided a structured programme to reduce the overall prescribing of these medicines.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. In between meetings the practice communicated with other services using tasks and notifications on the clinical IT system.

Consent to care and treatment

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

- There was a protocol for consent and staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, one of the locum GPs was unfamiliar with the requirements of the Mental Capacity Act 2005 and the deprivation of liberty safeguards.

Good

Are services effective?

(for example, treatment is effective)

- 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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice nurses and health care assistants had received training to give smoking cessation advice and appointments were available daily. Data showed that 91% of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months (CCG average and national average 87%).
- Clinical staff carried out alcohol intervention advice and used a recognised screening tool to help identify persons who are hazardous drinkers or have active alcohol use disorders. Data showed that over the preceding 12 months 971 patients had been screened and a further 70 had received structured advice to reduce their alcohol consumption.
- The practice hosted a counselling service that included bereavement counselling. Evening appointments were available for working people.

The practice's uptake for the cervical screening programme was 87%, which was better than the CCG and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake rates were higher than local and national averages. For example, 63% of patients aged 60 to 69 were screened for bowel cancer in the preceding 30 months (CCG average 54%, national average 58%).

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 84% to 100% and five year olds from 84% to 100%. Data showed that 30% of eligible children under that age of 12 months received the Meningitis C vaccination (CCG average 26%, national average 73%). The practice also offered influenza, pneumonia and shingles vaccinations to eligible patients.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed a strong patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, staff gave examples of where they had provided support to vulnerable patients including accompanying them to hospital appointments. We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in 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.

The majority of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Several patients commented that it was easy to make appointments and one said that a hospital referral was dealt with efficiently. Several patients commented on the caring nature of named members of staff.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for the majority of its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 85% of patients said the GP gave them enough time which was the same as the CCG average of 85% 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%.
- 91% 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%.
- 86% 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%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

The practice had reviewed the results of the national GP survey and had created an action plan to support and further improve the indicators relating to nurses. There were plans to discuss this with staff at meetings shortly after the inspection and they planned to carry out an

Good

Are services caring?

additional in-house practice patient survey relating to nurse appointments in 2017. They had also invited the Kirklees Healthwatch service into the practice in August 2015 to talk to patients.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format and the practice had created a noticeboard for patients introducing all the staff members including photographs. The practice also produced a quarterly newsletter in collaboration with the PPG.
- The practice was registered as a dementia friendly practice and staff had received additional training. The surgery had organised an event for dementia patients and their carers in May 2016. A local dementia support organisation attended the event. Feedback from the event was positive and the practice were planning to arrange more events in the future.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice had identified 13 patients as carers. The practice's computer system alerted GPs if a patient was also a carer. They had identified that not all carers were coded correctly on the system. They discussed this in staff meetings to ensure that staff were identifying where patients had or were also a carer. We saw evidence that the practice were planning an event with a local carer support organisation. A notice board for carers highlighted information 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 letter offering either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice also hosted a counselling service who provided bereavement counselling. We saw feedback from patients thanking the practice for their care and support before and at the time of bereavement. The practice had also introduced a system to record and offer appropriate support where a patient experienced a stillbirth.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice offered enhanced services in line with the CCG 'care closer to home' policy. For example, minor surgery, phlebotomy, 24 hr blood pressure monitoring, spirometry (a simple test used to help diagnose and monitor certain lung conditions) and electrocardiograms (ECGs). An ECG is a simple test that can be used to check the heart's rhythm and electrical activity. They also signed up to pilot services where possible. For example, the practice piloted the NHS Friends and Family test and were part of a clinical pharmacy pilot which resulted in the recruitment of an additional clinical member of the team.

The practice had signed up to a CCG quality access scheme which included increasing the number of appointments and uptake of online services.

- The practice offered extended hours clinics with the GP, advanced nurse practitioners and healthcare assistants on a Monday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and anyone who requested one.
- The practice had piloted five minute appointments for a single issue to increase access and relieve pressure on busy Monday mornings. An evaluation of the service showed that 93% of patients were happy with the outcome of their appointment and would use the service again.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered online services including appointment booking and ordering repeat prescriptions. Patients were able to register to receive information by text message regarding appointments and health care.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice had a surgery pod which enabled patients to undertake new patient checks without an appointment, BP checks and other screening checks at a time to suit them during opening hours. An audit of patient use of the pod carried out in March 2016 showed that 68% of new patients registered had used the pod. Patient feedback showed that 94% of patients had found the facility easy to use and 96% were offered assistance by a member of staff.
- There were disabled facilities, a hearing loop and translation services available.
- Reception staff followed a reception triage protocol to book patients with the appropriate clinician and ensure that patients with urgent needs were booked in as a priority.
- The practice monitored the number of patients who failed to attend for appointments. They identified that higher numbers of patients failed to attend for appointments with nursing staff. An audit in April 2016 showed that asthma patients and those attending for smoking advice accounted for the majority of missed appointments. As a result they were piloting online asthma reviews, patients requested an online review appointment. All patients requesting online reviews were reviewed by nursing staff to assess their suitability.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8am to 1pm every morning and 2pm to 6pm daily. Extended hours appointments were offered until 8pm on Mondays. In the event of a bank holiday extended hours clinics were offered on Tuesdays. 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 comparable to local and national averages.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 87% of patients were satisfied with the practice's opening hours compared to the national average of 76%. The practice were promoting the availability of late appointments to patients on the practice website and in the waiting area.
- 95% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Data showed that 30% of patients were registered for online services. The practice sought to increase this by advertising the service and talking to patients opportunistically about the benefits of registering which we observed on the day of the inspection.

The practice had a system in place to assess:

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

Patients were requested to contact the practice before 10am to request a home visit where possible. Clinical staff spoke to the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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 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 in the waiting area, practice information leaflet and on the practice website.

We looked at three complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. Complaints were recorded as significant events where appropriate and discussed in staff meetings.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. There was a business sustainability and development plan.
- They were actively recruiting GPs and signed up to local pilot schemes to increase the number and skill mix of the team.
- The GP and business manager regularly attended meetings at the local CCG and Curo which is a federation of GP practices in North Kirklees to plan local services.
- The practice was one of a group of 11 practices that submitted proposals to the NHS Estates and Technology Transformation Fund to transform care for 90,000 patients in Cleckheaton, Heckmondwike, Mirfield, Dewsbury and Ravensthorpe localities in North Kirklees.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented, reviewed regularly and were available to all staff.
- The partners met regularly to discuss significant events, staffing, performance and to plan future services.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings. We reviewed the minutes of meetings and saw that staff discussed a range of subjects including incidents, patient satisfaction, processes and services.
- The practice held regular clinical and business meetings. They made good use of these and protected learning sessions to invite local organisations and guest speakers which included a local carer support organisation. Action was taken as a result to improve the care and support offered to patients.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff told us that they worked well together as a team and felt that their work was appreciated.

Are services well-led?

Good

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

- Staff at the practice told us that space and availability of rooms in the health centre were an issue. The partners discussed the use of rooms in the premises with the building owner on a regular basis and made use of rooms elsewhere when possible.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys, encouraged new membership and had organised charity raffles. They contributed to the practice newsletter and submitted proposals for improvements to the practice management team. For example, the information displayed in the waiting area, privacy at the reception desk and access to appointments. Members of the PPG had also met with a member of the PPG at another practice to discuss and share ideas.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was one of a group of 11 practices that submitted proposals to the NHS Estates and Technology Transformation Fund to transform care for 90,000 patients in Cleckheaton, Heckmondwike, Mirfield, Dewsbury and Ravensthorpe localities in North Kirklees. They were actively recruiting GPs and signed up to local pilot schemes to increase the number and skill mix of the team.