Undercliffe Surgery

Quality Report

Heckmondwike Health Centre
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Heckmondwike
Kirklees
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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?	Requires improvement
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 Undercliffe Surgery on 28 September 2016. Overall the practice is rated as good. The practice is rated as requires improvement for providing safe services.

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.
- Not all risks to patients were assessed and well managed. For example, not all of the medicines and equipment we checked were in date. There was no process in place to ensure that patients taking warfarin medication had attended for testing or to check if their prescribed dose had been changed. The policies for controlled drugs were not being followed.
- 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 patient participation group met regularly, carried out face to face patient surveys and spent time speaking to patients in the waiting room to encourage participation and find out their views.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice actively participated in local clinical commissioning group, GP practice cluster group meetings and federation meetings to discuss and plan future services for the locality.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

The provider must improve their approach to the proper and safe management of medicines. This includes by:

- Improving and implementing the procedures for obtaining, storing and checking all medicines including controlled drugs and medicines used in emergencies;
- Improving and implementing their repeat prescribing policy and the review of patients in relation to medicines, such as warfarin;
- Introducing and implementing an effective process to ensure that patient group directives (PGDs) are up to date.

The areas where the provider should make improvement are:

- Review the condition of their examination couches in clinical areas to assure themselves they are kept in a good state of repair.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When 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 had clearly defined and embedded systems, processes and practices in place in relation to safeguarding.

Not all risks to patients were assessed and well managed. For example:

- The patient group directive (PGD) for Shingles had expired in August 2016 and staff were unaware. An administrative manager took action to obtain the updated PGD which was signed by the clinical team and implemented immediately. (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).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). The practice policy and procedures for controlled drugs stated that naloxone was required to be kept with the controlled drugs. However, we could find no evidence of naloxone in the practice or knowledge of whether it had expired or been used and not replaced.
- There was no process in place to ensure that patients taking warfarin medication had attended for testing, in line with guidance, or to check if their prescribed dose had been changed.
- Not all of the medicines and equipment we checked were in date. For example, we found several needles that had no expiry date on, or had expired in 2014 in three locations.

After the inspection the practice raised a significant event and provided an action plan to address the concerns.

Are services effective?

Good

The practice is rated as good for providing effective services.

Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Patients at risk of hospital admission, but not under the care of the community matron, were referred to the CCG care co-ordinators. The practice worked with and referred patients to a care co-ordinator who helped patients to manage their health and liaised with NHS and social care services to ensure patients were supported.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had reviewed and improved the system to recall patients to ensure every opportunity was taken to ensure patients attended for their review appointments. Administrative staff had received additional training to manage recalls in the practice which had released clinical staff to use their time more effectively.
- The practice referred patients taking benzodiazepines to the North Kirklees Clarity project which provides a structured programme to reduce the overall prescribing of these medicines. Benzodiazipines are used to treat anxiety and sleeping problems
- Clinical audits demonstrated quality improvement.
- 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.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice was registered with the Kirklees 'Safe Places Scheme'. The scheme offered a 'safe place' to go to for people who are over 16 and who might be vulnerable when they go out.

Summary of findings

- The practice identified and recorded the communication needs of patients with a disability, impairment or sensory loss in line with the Accessible Information Standard.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice recorded whether patients were or had a carer. A member of staff had volunteered to be the practice carer's champion. They had created a carer information pack and a notice board for carers in the waiting room.
- The practice had information about local bereavement support groups and services available. Staff gave examples of care planning for patients at the end of life including their preferences and where their families were supported.
- The practice provided care to patients from the travelling community. Staff gave examples of patients who had been supported by using the practice as an address to receive hospital letters and results.

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, spirometry, enhanced diabetic care, phlebotomy and ECGs.
- 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 previously taken part in Saturday and Sunday opening for urgent cases and to relieve pressure on Accident and Emergency services and provide care closer to home. They continued to open on Saturdays in the flu season to offer vaccinations to eligible patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had moved to their new premises in 2012 which had enabled them to increase the patient list size from 8,600 to 10,700 and provide additional services.
- 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.

Summary of findings

- The practice was responsive to the needs of patients who worked long hours or worked away from home. The practice promoted online services and the use of a smartphone app. The system allowed staff and patients to communicate when they were away from home or at work.

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.
- The practice actively participated in local CCG, GP practice cluster group meetings and federation meetings to discuss and plan future services for the locality.
- The practice was expanding the number and skill mix of the clinical team. At the time of the inspection the practice had a vacancy for a GP and an advanced nurse practitioner. They were actively recruiting to these posts and providing training and mentoring to staff members who were increasing their skills.
- 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 were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, these had not been managed effectively in all cases. For example, emergency medicines, the PGDs and the prescribing of warfarin. Immediately after the inspection the practice reviewed their arrangements.
- The PPG met regularly, carried out face to face patient surveys and spent time speaking to patients in the waiting room to encourage participation and find out their views.
- 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

Summary of findings

- 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake rates were better than local and national averages. For example, 60% of patients aged 60 to 69 were screened for bowel cancer in the preceding 30 months (CCG average 54%, national average 58%).
- Patients at risk of hospital admission, but not under the care of the community matron, were referred to the CCG care co-ordinators. The practice worked with and referred patients to a care co-ordinator who helped patients to manage their health and liaised with NHS and social care services to ensure patients were supported.
- Patients were offered abdominal aortic aneurysm (AAA) screening which was hosted by the practice. They took part in a pilot scheme which offered AAA screening to younger patients.

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.
- There was a structured call and recall system to ensure long term conditions management at appropriate intervals. The recall system had been extensively reviewed and redesigned in 2015/2016.
- Staff used E-Consultations where available with hospital consultants to discuss cases and carry out shared care planning. They could also communicate with community service staff using tasks and notifications on the clinical system.

Summary of findings

- Performance for diabetes related indicators was similar to the national average. Data showed that 93% of patients with diabetes, on the register, had a record of a foot examination and risk classification in the preceding 12 months (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.
- Patients at risk of hospital admission, but not under the care of the community matron, were referred to the CCG care co-ordinators. The practice worked with and referred patients to a care co-ordinator who helped patients to manage their health and liaised with NHS and social care services to ensure patients were supported.

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 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 83%, which was comparable to the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided sexual health advice and contraception services which included the fitting and removal of contraceptive implants and intra-uterine coils.

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).

Summary of findings

- 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.
- Extended hours appointments were offered until 8pm on Tuesdays for working patients who could not attend during normal opening hours.
- Patients were able to book and cancel appointments and order prescriptions online.
- 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.
- The practice was responsive to the needs of patients who worked long hours or worked away from home. The practice promoted online services and the use of a smartphone app. The system allowed staff and patients to communicate when they were away from home or at work.

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.
- Carers were flagged on the clinical system to ensure that they had priority access to urgent appointments when required and offered annual reviews and flu vaccinations.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was registered with the Kirklees 'Safe Places Scheme'. The scheme is for people who are over 16 and who might be vulnerable when they go out.
- The practice provided care to patients from the travelling community. Staff gave examples of patients who had been supported by using the practice as an address to receive

Summary of findings

hospital letters and results. Staff had also spent time with patients and supported them to understand letters and make decisions about their care where they were unable to read or write.
- The practice identified and recorded the communication needs of patients with a disability, impairment or sensory loss in line with the Accessible Information Standard.

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).

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- 89% 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 referred patients taking benzodiazepines to the North Kirklees Clarity project which provides a structured programme to reduce the overall prescribing of these medicines. Benzodiazipines are used to treat anxiety and sleeping problems. The practice could demonstrate a 4% reduction in the overall prescribing of benzodiazipines in 2015/16.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had received 'Dementia Friends' training and had a good understanding of how to support patients with mental health needs and dementia.

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. Of the 269 survey forms distributed, 123 were returned giving a response rate of 46% which is higher than the national response rate of 38%. This represented just over 1% of the practice's patient list.

- 52% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 89% 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%.
- 83% 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 46 comment cards which were all positive about the standard of care received. Many patients commented that staff were helpful and caring. Comments included that patients felt listened to and several said that they attended frequently and gave examples of where members of staff had provided help and support. One patient expressed dissatisfaction with the appointment system but 13 patients said that they found it easy to get same day appointments and appreciated being able to see a doctor the same day. Two patients mentioned that they had experienced a delay in getting their prescribed medication. Three patients said they had been referred to other services and found the process was handled efficiently.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Some comments cited difficulties accessing the practice by telephone and some said that they were sometimes kept waiting when they attended for their appointment but this had not detracted from their overall positive experience of the practice.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvement are:

The provider must improve their approach to the proper and safe management of medicines. This includes by:

- Improving and implementing the procedures for obtaining, storing and checking all medicines including controlled drugs and medicines used in emergencies;
- Improving and implementing their repeat prescribing policy and the review of patients in relation to medicines, such as warfarin;
- Introducing and implementing an effective process to ensure that patient group directives (PGDs) are up to date.

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Review the condition of their examination couches in clinical areas to assure themselves they are kept in a good state of repair.

Undercliffe 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 practice nurse specialist adviser.

Background to Undercliffe Surgery

Undercliffe Surgery is located on the ground floor of Heckmondwike Health Centre, 16 Union Street, Heckmondwike, West Yorkshire, WF16 0HH. The practice is close to local shops and transport links. The premises host two GP practices and a pharmacy. There is a large car park for patients and the premises are accessible for wheelchair users.

The practice provides primary care services to 10,700 patients in Heckmondwike, Gomersal, Batley and surrounding areas under a General Medical Services (GMS) contract with MHS England.

- There are three GP partners (two male and one female) and two salaried GPs (one male and one female); a female advanced nurse practitioner and a female advanced nurse practitioner in training; two female practice nurses, two female healthcare assistants and a female phlebotomist. The clinical team is supported by a practice manager and a team of administrative staff.
- Since August 2004 the practice has been approved as a Training Practice. This means it supports the specialist training of qualified doctors wishing to practice as GPs.
- The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered until 8pm on Tuesdays.
- When the practice is closed calls are transferred to the NHS 111 service who will triage the call and pass the details to Local Care Direct who is the out of hours provider for North Kirklees.

The locality is on the fourth decile on the scale of deprivation. Seven per cent of patients are from black and minority ethnic (BME) populations.

The practice currently has a vacancy for a GP and an advanced nurse practitioner. The practice are in the process of recruiting to these posts.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and North Kirklees CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2016). QOF is a voluntary incentive scheme for GP practices in the UK, which financially rewards practices for the

Detailed findings

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 and administrative staff and spoke with patients who used the service.
- 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 questionnaire sheets which were given to administration staff prior to inspection.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

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 or reception manager of any incidents and there was a recording form 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 and produced an annual significant events report. We saw evidence that significant events were discussed at regular staff meetings and all staff members were encouraged to contribute to the discussion and suggest improvements.

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, a search had been undertaken to identify female patients who had an intrauterine contraceptive coil in situ. This was in response to a significant event. We saw evidence that staff reviewed guidance to ensure that their processes were in line with this. Several additional patients were identified and contacted to attend the practice for a review.

There was a system 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 actioned accordingly. For example recent action was taken to contact a patient who was using a diabetic insulin pump that was subject to a safety alert.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies and local action flowcharts were accessible to all staff who could give examples when the policy had been followed where concerns were identified. 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 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. There was a system to identify patients who were known to be vulnerable or at risk on the clinical system. GPs were trained to child protection or child safeguarding level three and nursing staff were trained to level two. Administrative staff had received training to level one.
- Notices in the waiting room and consultation rooms advised patients that chaperones were available if required. There were chaperoning protocols in place and all staff who acted as chaperones were trained for the role. The practice had sought professional advice and carried out and documented risk assessments to determine which staff members required 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. A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams and attended local nurse forums to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Regular IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, ensuring that staff were segregating waste correctly.

Monthly IPC spot checks were also carried out. However, we noted that the covers of two examination couches were torn and required repair or replacement, which had not been documented in the most recent checks.

We did, however, identify some concerns with the practice's approach to the safe management of medicines. These included:

- There were arrangements for managing medicines, including emergency medicines and vaccines (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 and high risk drugs on the premises were risk assessed. 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 which provided constant monitoring of the temperature of the fridges. We noted that the temperature of the room where medicines including eye drops, local anaesthetic and emergency drugs were kept was very warm. Some of the medicines required a storage temperature below 25 degrees. We brought this to the attention of staff who gave assurance that they would review the storage of medicines after the inspection.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. There was a system to prevent misuse. Prescriptions for high risk medicines were separated from other prescriptions to identify them and ensure the appropriate checks took place. However, we noted that there was no process in place to ensure that patients taking warfarin medication had attended for testing or to check if their prescribed dose had been changed. We established that there was no facility for the practice to directly receive test results and dosages from the warfarin clinic but the practice did not have a policy to check the test results and prescribed dosage in the patient's warfarin record book before prescribing. A GP partner told us that if patients failed to attend for testing, the practice would be sent a letter to inform them of this but they may have been prescribed warfarin in the meantime. Warfarin is an anticoagulant normally used to prevent the formation of blood clots in the blood vessels. After the inspection the practice gave assurance that a repeat prescribing protocol for warfarin prescriptions would be developed.
- One of the nurses had qualified as an Independent Prescriber 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. We reviewed these and noticed that the PGD for Shingles had expired in August 2016 and staff were unaware of this. An administrative manager took instant action to obtain the updated PGD which was signed by the clinical team and implemented immediately. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. 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. Patient Specific Directions 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. After the inspection the clinical team told us they would carry out an urgent review of the process for updating these directives.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs. The practice policy and procedures for controlled drugs stated that naloxone was required to be kept with the controlled drugs. However, we could find no evidence of naloxone in the practice or knowledge of whether it had expired/been used and not replaced. Not all the partners were aware that controlled drugs were stored in the practice anymore. Naloxone blocks or reverses the effects of opioid medication in the event of an adverse reaction. The GP partners held an urgent discussion immediately after the inspection and told us they had decided that it was no longer appropriate to hold stocks of controlled drugs. Arrangements were made for their destruction.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The staff records we reviewed with the practice manager provided evidence to support the 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).
- The practice participated in a community scheme to enable patients to bring filled sharps bins at the surgery for disposal. There were risk assessments in place and protocols for reception staff to ensure their safety

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Staff had received fire marshal training and there were fire protocols to follow. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a bacterium which can contaminate water systems in buildings).
- The practices in the building jointly employed a building manager to oversee the premises and maintenance. The practice manager liaised regularly with the building manager, owners and the other occupiers to maintain the safety of the premises. An external company provided monthly checks on the emergency lighting, fire alarm, boiler and air conditioning system.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and there was a duty doctor every week day to meet the demand for same day services.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the practice.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The oxygen tank was less than a quarter full on the day of the inspection. Staff told us that oxygen had been used with a patient the day before the inspection. A new tank had been ordered from their supplier. A first aid kit and accident book were available.
- Emergency medicines were available to staff in a secure area of the practice. However, emergency drugs and equipment were not kept altogether. Some items were in doctors' bags, some on a shelf in the utility room and there was an ampoule of adrenaline in a tray. The arrangements appeared haphazard and we observed that there were a mixture of old and new checklists together in the controlled drugs cabinet. The emergency drugs checklist and severe allergic reaction protocol included hydrocortisone or chlorphenamine. However, there was no hydrocortisone or chlorphenamine in the practice and staff were unsure if they had been used or expired and not replaced. Staff told us they obtained these medicines immediately after the inspection from the pharmacy.
- There was a system for checking emergency medicines and equipment. However, not all of the medicines and equipment we checked were in date. For example, we

found several needles that had no expiry date on, or had expired in 2014, in three separate locations; a doctor's bag, in a tray and in the cupboard in the utility room. There was also a large box of butterfly type cannulas which expired in July 2016. One of the doctor's bags contained medicine which expired in August 2016 and an asthma inhaler which expired in March 2016. There was a list of the drugs kept in the bag which also showed that the two drugs had expired. We were told that the staff responsible for checking would inform the GP when drugs were due to expire but it was apparent that this had not happened. After the inspection the practice raised a significant event and provided an action plan to urgently review the processes for obtaining and checking emergency medicines and equipment.

- The practices in the building had a joint comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The building manager also had a copy of the plan and emergency contacts.

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. We saw evidence that guidelines were regularly circulated to staff and discussed at practice meetings. We saw that guidelines for sepsis and vitamin D had been recently circulated and discussed.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 98% of the total number of points available with 8% exception reporting (CCG and national average 9%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. Data showed that 93% of patients with diabetes, on the register, had a record of a foot examination and risk classification in the preceding 12 months (CCG average 89%, national average 88%).
- Performance for mental health related indicators was similar to the national average. For example, 89% 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%). Exception reporting was zero compared to the CCG exception rate of 11% and the national exception rate of 13%.
- 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 86% of patients with hypertension (CCG average 85%, national average 84%).

The practice had reviewed and improved the system to recall patients to ensure every opportunity was taken to ensure patients attended for their review appointments. Administrative staff had received additional training to manage recalls in the practice which had released clinical staff to use their time more effectively. It was too early to assess the impact of these changes at the time of the inspection.

There was evidence of quality improvement including clinical audit.

- We reviewed two clinical audits completed in the last two years; both of these were completed audits where the improvements made were implemented and monitored. There were additional audits in progress.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring that patients were taking the appropriate medicine for atrial fibrillation which is an abnormal heart rhythm. Data from 2014/15 showed that 78% of patients with atrial fibrillation whose latest CHADS2 score was greater than 1 were treated with anti-coagulation therapy (CCG and national average 85%). The QOF indicators for atrial fibrillation changed in 2015/16. The practice could demonstrate that so far in 2016/17, 85% of patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more were currently treated with anticoagulation drug therapy although these figures were not yet verified and published. The CHADS2 score is a clinical prediction rule for estimating the risk of stroke in patients with non-rheumatic atrial fibrillation.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff and an employee handbook. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice had recently employed an administrative apprentice. 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, providing wound care or taking blood samples. The practice was also supporting staff to undertake additional training to expand their role. For example, a member of staff was receiving support and training to become an advanced care practitioner.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings and local nurse forums.
- 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 and the practice had introduced 360 degree feedback as part of the appraisal process. This type of feedback is a process used by organisations to obtain information from a variety of workplace colleagues on an employee's work-related behaviour and/or performance.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, 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.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- There was a structured call and recall system to ensure long term conditions management at appropriate intervals. The recall system had been extensively reviewed and redesigned in 2015/-2016. It was too early to assess the impact of these changes at the time of the inspection.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff used E-Consultations where available with hospital consultants to discuss cases and carry out shared care planning. They could also communicate with community service staff using tasks and notifications on the clinical system.
- Patients at risk of hospital admission but not under the care of the community matron were referred to the CCG care co-ordinators. The practice worked with and referred patients to a care co-ordinator who helped patients to manage their health and liaised with NHS and social care services to ensure patients were supported.
- 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.

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 including health visitors, the CCG pharmacist, the care co-ordinator and district nurses on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

Good

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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.
- Smoking cessation advice was available from a local support group. Data showed that 95% 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 and national average 87%). We saw evidence that indicated 36 people had stopped smoking in 2015/16.
- Clinical staff carried out alcohol intervention advice. They used AUDIT-C which is a recognised screening tool that can help identify persons who are hazardous drinkers or have active alcohol use disorders.
- The practice made referrals to a local weight loss group and the 'Practice Activity and Leisure Scheme' for eligible patients, which enabled them to attend local gyms and undertake an individualised activity and fitness plan to help them improve their health.
- The practice referred patients taking benzodiazepines to the North Kirklees Clarity project which provides a structured programme to reduce the overall prescribing of these medicines. Benzodiazipines are used to treat anxiety and sleeping problems. The practice could demonstrate a 4% reduction in the overall prescribing of benzodiazipines in 2015/16.

The practice's uptake for the cervical screening programme was 83%, which was comparable to 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 better than local and national averages. For example, 60% of patients aged 60 to 69 were screened for bowel cancer in the preceding 30 months (CCG average 54%, national average 58%).

Childhood immunisations were the responsibility of a local community provider, Locala. The practice hosted this service on a weekly basis to provide care closer to home. Uptake rates for the vaccinations given were comparable to national averages of approximately 94%. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 99% and five year olds from 85% to 100%. Staff told us that where children were very nervous or needle phobic they had arranged for them to receive vaccinations normally given in school in the familiar practice environment.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 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 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.

All of the 46 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. Many patients commented that staff were helpful and caring. Comments included that patients felt listened to and several said that they attended frequently and gave examples of where members of staff had provided help and support. One patient expressed dissatisfaction with the appointment system but 13 patients said that they found it easy to get same day appointments and appreciated being able to see a doctor the same day.

We spoke with one member 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. They told us they the practice acted upon the results of patient surveys to improve services for patients.

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:

- 91% 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%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 85% 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%.
- 95% 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%.
- 82% 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 better than local and national averages. For example:

- 91% 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%.
- 83% 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%.
- 91% 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 provided facilities to help patients be involved in decisions about their care:

Good

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice provided care to patients from the travelling community. Staff gave examples of patients who had been supported by using the practice as an address to receive hospital letters and results. Staff had also spent time with patients and supported them to understand letters and make decisions about their care where they were unable to read or write.
- The practice identified and recorded the communication needs of patients with a disability, impairment or sensory loss in line with the Accessible Information Standard.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 148 patients as carers (just over 1% of the practice list). A local carer support organisation had provided training in the practice for staff to effectively identify and offer support to carers. A member of staff had experience of being a carer and volunteered to be the practice carer's champion. They created a carer information pack and a notice board for carers in the waiting room. This work had contributed to increasing the number of identified carers from 122 to 148 in the preceding 12 months. Carers were flagged on the clinical system to ensure that they had priority access to urgent appointments when required and offered annual reviews and flu vaccinations. All carers were automatically referred to a carer support organisation (with their permission) who offered them a carer's assessment. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice had information about local bereavement support groups and services available. Staff gave examples of care planning for patients at the end of life including their preferences and where their families were supported.

The practice was registered with the Kirklees 'Safe Places Scheme'. The scheme is for people who are over 16 and who might be vulnerable when they go out.

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, spirometry, enhanced diabetic care, phlebotomy and ECGs. An ECG is a simple test that can be used to check the heart's rhythm and electrical activity. The practice had previously taken part in Saturday and Sunday opening for urgent cases and to relieve pressure on Accident and Emergency services and provide care closer to home. They continued to open on Saturdays in the flu season to offer vaccinations to eligible patients. Staff told us that Saturday flu clinics were popular with patients.

- The practice had moved to the new premises in 2012 which had enabled them to increase the patient list size from 8,600 to 10,700 and host additional services.
- Extended hours appointments were offered until 8pm on Tuesdays for working patients who could not attend during normal opening hours. During extended hours appointments were available with GPs, nurses, healthcare assistants and the phlebotomist. Staff told us that the phlebotomists offered early appointments where possible to accommodate people who worked.
- There were longer appointments available for patients with a learning disability and anyone who requested one.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Patients were able to book and cancel appointments and order prescriptions online.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided sexual health advice and contraception services which included the fitting and removal of contraceptive implants and intra-uterine coils.
- Patients were offered abdominal aortic aneurysm (AAA) screening which was hosted by the practice. They took part in a pilot scheme which offered AAA screening to younger patients. Staff told us that this had saved the life of a patient who was screened and admitted to hospital for emergency surgery the same day. AAA screening is a way of detecting a dangerous swelling (aneurysm) of the aorta which is the main blood vessel that runs from the heart.
- The practice was responsive to the needs of patients who worked long hours or worked away from home. The practice promoted online services and the use of a smartphone app. The system allowed staff and patients to communicate when they were away from home or at work. The practice had a policy to offer telephone consultations if appointments were not available or the patient couldn't attend the practice. Staff gave examples of patients who were supported to manage long term conditions whilst working away from home.
- There was a patient pod which had the facility for patients to measure their blood pressure at any time when the practice was open. Patients obtained printed results which they discussed with a clinician at their next appointment.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The surgery operated a 'book on the day' appointment system for GP appointments. Appointments were from 8.30am to 11am every morning and 1.30pm to 5.30pm daily. Extended hours appointments were offered until 8pm on Tuesdays. Urgent appointments were also available for people that needed them. Telephone consultation appointments were available daily.

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.

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 76%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 52% of patients said they could get through easily to the practice by phone compared to the national average of 73%. The practice had purchased a new telephone system in 2015 which increased call handling capacity and call queueing.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

Where patients were too ill or unable to come to the surgery, patients were requested to telephone before 11am to request home visits. Where requests were received after 11am the doctor on call was alerted. They 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. There was a direct telephone number which bypassed the telephone queueing system. This was provided to patients on the avoiding unplanned admissions register to allow them to contact the practice quickly.

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 on the practice website and information leaflets were available.

The practice had received 15 complaints in the preceding 12 months. We looked at a selection of these and found they were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. The practice had the facility to record and transcribe telephone calls to ensure that verbal discussions were documented appropriately. Complaints were discussed in practice meetings and were investigated as significant events where appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken to as a result to improve the quality of care. For example, the protocols for wound management and ensuring timely referral to the tissue viability specialist nurses were improved in response to a complaint.

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.
- The practice was expanding the number and skill mix of the clinical team. At the time of the inspection the practice had a vacancy for a GP and an advanced nurse practitioner. They were actively recruiting to these posts and providing training and mentoring to staff members who were receiving additional training and increasing their skills.
- The practice actively participated in local CCG, GP practice cluster group meetings and federation meetings to discuss and plan future services for the locality.

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, regularly reviewed and were available to all staff.
- 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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Although, these had not been managed effectively in all cases. For example, emergency medicines, the PGDs and the prescribing of warfarin. We were informed by the practice that as a result of the inspection they had reviewed their arrangements.

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. 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 and reception meetings. We reviewed the minutes of meetings and saw that complaints, significant events and future plans were discussed with staff.
- 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 acknowledged that there were vacancies within the team. However, GP trainees 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. We reviewed feedback from staff who said they worked closely together, shared the workload and communicated well.
- The practice offered flexible working options and a childcare voucher scheme for the benefit of staff.

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

Are services well-led?

Good

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

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 face to face patient surveys and spent time speaking to patients in the waiting room to encourage participation and find out their views. They submitted proposals for improvements to the practice management team. For example, the telephone system and customer service training for staff. There was a large notice board for the PPG in the waiting area which encouraged patients to join.
- 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 had been able to increase the patient list and services offered by moving to the new premises. They actively participated in local CCG, GP practice cluster group meetings and federation meetings to discuss and plan future services for the locality.

This section is primarily information for the provider

Requirement notices

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** **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. Improvements need to be made with regard to the proper and safe management of medicines:** • The patient group direction (PGD) for Shingles had expired in August 2016 and staff were unaware. • The practice policy and procedures for controlled drugs stated that naloxone was required to be kept with the controlled drugs. However, we could find no evidence of naloxone in the practice or knowledge of whether it had expired/been used and not replaced. Not all GP partners were aware that the practice still held stocks of controlled drugs. • There was no process in place to ensure that patients taking warfarin medication had attended for blood testing or to check if their prescribed dose had been changed. • Not all of the medicines and equipment we checked were in date. For example, we found several needles that had no expiry date on, or had expired in 2014 in three locations. **This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**