

Chickenley Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Chickenley Medical Centre on 26 November 2015.

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.
- Although risks to patients who used services were assessed, some of the the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, cleanliness, waste segregation and dealing with medical emergencies.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice

The practice had an innovative system in place to monitor and review patients with long term conditions, in

Summary of findings

particular diabetes. We saw evidence that the practice engaged strongly with other healthcare professionals and the wider community in education of diabetes and other long term conditions.

The areas where the provider should make improvement are:

- Ensure premises and equipment are maintained and cleaned in line with current legislation and guidance.
- Ensure domestic, clinical and hazardous waste and materials are managed and disposed of in line with current legislation and guidance.

- To have a process in place for undertaking criminal record checks at the appropriate level (only for staff who require a check) and assess the different responsibilities and activities of staff to determine if they are eligible for a DBS check and to what level.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Good



- There was an effective system in place for reporting and recording significant events.
- Emergency drugs and equipment were available however the arrangements for the management of emergency medicines had not been appropriately risk assessed. Immediate action was taken by the practice to risk assess the arrangements for accessing emergency medicines.
- Infection prevention and control policies and procedures were in place. However, we saw that some areas of the premises and equipment were not clean. Standards of cleanliness were not sufficiently monitored. The practice took immediate action to address this.
- Waste management policies and procedures were in place for domestic, clinical and hazardous waste. However, we saw evidence that these were not being followed. The practice took immediate action to ensure all staff were disposing of waste correctly.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and 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 to keep people safe and safeguarded from abuse.
- DBS checks had not been carried out on staff other than the GPs.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated improvements.

Summary of findings

- There were effective systems in place for reviewing patients with long term conditions, particularly diabetes where the practice made innovative use of online resources to manage and improve care. Staff engaged with other professionals and the community.
- 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 multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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.
- There were innovative approaches to engaging with the local community. For example, presenting health programmes on the community radio station and working with the Indian Muslim Welfare Society.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities which were well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- It had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to this.
- 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. Although regular monitoring of cleanliness and infection prevention & control had lapsed the practice took immediate action to review systems and responsibilities for the monitoring of cleanliness.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The virtual patient participation group (PPG) was active and communicated via email.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice and PPG had carried out it's own survey of patients in 2015.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Staff liaised with district nurses, the community matron and social care staff, especially for housebound patients.
- The practice followed the gold standard framework for all people nearing the end of life.
- The practice worked with a local community provider to triage and assess calls from local nursing homes to reduce unplanned hospital admissions
- The building was purpose built with level access and all services at ground floor level.

People with long term conditions

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

Outstanding



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Six per cent of the patient list had diabetes and the GPs and nurses worked closely with local groups to educate the community about this condition.
- The diabetic lead for the practice was involved with the local diabetes network and made use of e-consultations with the diabetes specialist consultant. One hundred per cent of patients newly diagnosed with diabetes, on the register, in the preceding 1 April to 31 March had a record of being referred to a structured education programme within nine months after entry on to the diabetes register which was above the CCG and England average of 90%.
- The practice provided an in house Spirometry service for chronic obstructive pulmonary disease (COPD). Ninety five per cent of patients with COPD (diagnosed on or after 1 April 2011) had their diagnosis confirmed by post bronchodilator spirometry between three months before and 12 months after entering on to the register compared to the CCG average of 92% and the national average of 90%.

Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- A nurse and healthcare assistant provided combined well person check clinics.
- All patients on any medication were reviewed every six to eight months by a doctor to reauthorize future repeat prescriptions. At these reviews opportunistic disease management checks and health promotion were carried out.
- A board for palliative care patients which was updated daily to ensure staff provided holistic care to patients and their families/ carers was introduced in response to an incident..

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation uptake rates were relatively high for all standard childhood immunisations.
- Patients and staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women whose notes recorded that a cervical screening test had been performed in the preceding five years was 81% which was comparable to CCG and England averages.
- Same day appointments were always available for young children who were unwell.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

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

Good



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.
- 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 offered appointments on a Monday evening until 8.00pm at the Grove House surgery for working patients who could not attend during normal opening hours.
- Appointment availability was regularly reviewed to support access to the service.

People whose circumstances may make them vulnerable

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.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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.

Good



People experiencing poor mental health (including people with dementia)

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

- Seventy four per cent of people diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. A total of 346 survey forms were distributed and 115 were returned giving a response rate of 33% representing 1% of the practice population.

Of these responses:

- 72% found it easy to get through to this surgery by phone compared to a CCG average of 66% and a national average of 73%.
- 84% found the receptionists at this surgery helpful (CCG average 83%, national average 87%).
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).

- 93% said the last appointment they got was convenient (CCG average 93%, national average 92%).
- 81% described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 79% usually waited 15 minutes or less after their appointment time to be seen (CCG average 67%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. No comment cards were completed by patients at the surgery.

We were not able to speak with any patients during the inspection.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Ensure premises and equipment are maintained and cleaned in line with current legislation and guidance.
- Ensure domestic, clinical and hazardous waste and materials are managed and disposed of in line with current legislation and guidance

- To have a process in place for undertaking criminal record checks at the appropriate level (only for staff who require a check) and assess the different responsibilities and activities of staff to determine if they are eligible for a DBS check and to what level.

Outstanding practice

We saw one area of outstanding practice

The practice had an innovative system in place to monitor and review patients with long term conditions, in

particular diabetes. We saw evidence that the practice engaged strongly with other healthcare professionals and the wider community in education of diabetes and other long term conditions.

Chickenley Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector with a practice nurse specialist advisor. A GP specialist advisor and a practice manager specialist advisor were not involved as although this is a separately registered practice it was a branch of the main practice, Grove House, and the GPs worked at both practices. The Grove House main surgery was inspected on the same day and the GP and practice manager advisors were involved at that surgery.

Background to Chickenley Medical Centre

Chickenley Medical Centre is a purpose built surgery which opened in 1997 and situated centrally in Chickenley, which was originally a farming hamlet, halfway between Dewsbury and Ossett.

The practice is the branch surgery of Grove House surgery in Batley, the team have regular clinics at both practices. It is registered with the Care Quality Commission as a separate location. the data to which we refer are based on the combined statistics or outcomes of both practices.

There are four full-time GP partners, one male and three female, as well as a part-time nurse practitioner, two practice nurses, two healthcare assistants and administrative staff.

The practice cares for 8719 patients under a Personal Medical Services (PMS) contract.

Chickenley is a large village in East Dewsbury, Kirklees, it is ranked 3220 out of 32,482 neighbourhoods in England;

where one is the most deprived. The percentage of people with limiting long term illness or disability and unemployment is significantly higher than the England average.

The practice is open from 8am to 1pm Monday to Friday and 4pm to 6pm on Mondays, Wednesdays and Fridays.

Appointments are available from 10am to 11am each morning Monday to Friday and 4.00pm to 6pm on Monday, Wednesday and Friday, at other times including extended hours surgeries on Mondays patients can make appointments at Grove House Surgery.

When the practice is closed patients access out of hours care from Grove House Surgery in hours then Local Care Direct and NHS 111 out of hours.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents. They also completed recording forms which were available in paper form and on the practice's computer system.
- The practice carried out a thorough annual analysis of the significant events at a practice meeting to discuss themes, trends and outcomes. Investigations were undertaken at the time of events occurring although these were not clearly documented at the time.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. We saw good examples of safety alerts being shared and active searches for patients who may be affected. For example, in safety alerts relating to medication.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs discussed safeguarding at weekly meetings, 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 relevant to their role. The GPs were trained to Safeguarding level three and other staff members had up to date training.

- A notice in the waiting room advised patients that staff would act as chaperones, if required. Staff who acted as chaperones were trained for the role but they had not received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) Some of the staff had been employed by the practice for many years, the practice manager had risk assessed and sought advice regarding DBS checks for these staff members, although this had not been documented.
- The practice maintained appropriate standards of cleanliness and hygiene in some areas of the premises. We observed the waiting room, consulting rooms, toilets and reception area to be clean and tidy. However, some surfaces in the nurse's room and a sample of equipment and medical devices appeared dusty with a visible build up of surface deposits. Standards of cleanliness were not sufficiently monitored. At the time of our inspection we raised our concerns regarding infection prevention and control and cleanliness. The practice took immediate action and provided us with a risk assessment and evidence they had taken action to address the issues.
- Waste management policies and procedures were in place for domestic, clinical and hazardous waste, however we saw evidence that these were not being followed. For example, urine testing strips and a full nasal influenza vaccine had been disposed of in domestic waste. The practice took immediate action to ensure all staff were disposing of waste correctly.
- A practice nurse was the infection prevention and control (IPC) clinical lead and had received up to date training. There was an IPC policy and protocol in place and whilst other staff members had not received up to date training. We were informed there were arrangements in place for staff to receive training. Annual IPC audits were undertaken. The most recent one had been carried out in December 2014 and scored 94%. We saw evidence that action had been taken to address any improvements identified as a result.
- There were arrangements for managing medicines, including vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- The practice carried out medicines audits, with the support of the local CCG pharmacy teams, and met

Are services safe?

regularly with other practices to discuss ways to improve and ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

- North Kirklees medicines management team told us the practice had reduced and improved prescribing patterns for benzodiazepines by 14% (Benzodiazepines are a group of medicines that can be used to help with severe sleeping difficulties or anxiety).
- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body.

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. The practice had up to date fire risk assessments and fire extinguishers, exit signage and emergency lighting were installed. Although regular fire drills had not been carried out staff were aware of the action to take in the event of an alarm and the assembly points.
- We saw evidence that all electrical equipment was checked to ensure it as safe to use and in good working order. The practice had risk assessments in place to monitor safety of the premises, such as control of substances hazardous to health and infection control and legionella.

- 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had suitable 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.
- The practice had oxygen with adult and children's masks. There were also kits to deal with spillages and a first aid kit and accident book available.
- All staff received annual basic life support training and emergency medicines to deal with anaphylactic shock (a severe allergic reaction) 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 fit for use. The GPs told us there was an arrangement in place to access other emergency medicines from the pharmacy, which was attached to the practice. Although a risk assessment and written evidence of this agreement could not be produced the pharmacist could verbally confirm the agreement. As a matter of urgency the practice had reviewed the arrangement and updated the policy.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, with 13% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- Performance for diabetes related indicators were 94% which was better than the CCG and national averages of 91% and 89% respectively. One hundred per cent of patients newly diagnosed with diabetes, on the register, in the preceding 1 April to 31 March had a record of being referred to a structured education programme within nine months after entry on to the diabetes register compared to the CCG and national average of 90%.
- Performance for mental health related indicators was 77% which was below the CCG average of 94% and national average of 93%. Seventy two per cent of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate compared to the CCG average of 89% and the national average of 88%.

- The dementia diagnosis rate was 83%, which was higher than the CCG average of 71% and comparable to the national average of 82%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented, monitored and discussed with colleagues although reflections and learning points were not clearly documented.
- The practice participated in applicable 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 keeping and monitoring an up to date register of diabetes patients.

The practice had identified diabetes as an area of concern, a total of 510 patients representing 6% of the practice population were on the diabetes register. A practice nurse was the diabetic lead and was involved in the locality diabetes network. We saw good examples of multidisciplinary working in this area. For example, using e-consultations with the diabetes specialist consultant to discuss individual cases and links with midwives in secondary care to discuss gestational diabetes during pregnancy. The GPs worked with the North Kirklees Indian and Muslim Welfare Society to educate the local population on diabetes care especially during periods of fasting and on other issues such as mental health.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to protected

Are services effective?

(for example, treatment is effective)

learning time, appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, when they were referred, after they were discharged from hospital or when patients were felt to be at risk. We saw evidence that the GP partners met on a weekly basis, the nurses met on a monthly basis and multi-disciplinary team meetings took place on a monthly basis, from these meetings care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. When

consultations were undertaken with patients who were aged 11 to 16 years, an assessment screen was automatically displayed to record their Gillick competence. This term is used in medical law to describe the process for deciding whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge

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

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from the practice nurses and healthcare assistants. Ninety two per cent of patients aged 15 or over who were recorded as smokers had a record of an offer of support and treatment within the preceding 24 months compared with the CCG and national average of 87%.
- The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and national averages of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, immunisation uptake rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds from 92% to 98%. Flu vaccination rates for the over 65s were 67%, and at risk groups 47%. These were slightly below the national averages of 73% and 52% respectively.

Are services effective?

(for example, treatment is effective)

Patients had access to a nurse led combined clinic for appropriate health assessments and checks. These

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

There were no patient comment cards completed at this surgery.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. In comparison to other practices locally and nationally, the practice was slightly below or equal to local and national averages for its satisfaction scores on consultations with doctors and nurses. We did not believe these differences were significant. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 84% said the GP gave them enough time (CCG average 85%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 90%).
- 84% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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 comparable to local and national averages. For example:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%).

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice asked new patients at the point of registration if they were a carer, the computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them and flu vaccinations were offered to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, testing for and educating patients about diabetes.

- The practice offered a 'Commuter's Clinic' on a Monday evening until 8.00pm at the main surgery in Batley for working patients who could not attend during normal opening hours.
- The availability of appointments was regularly reviewed to ensure patients could access services, patient feedback for this area was higher than CCG and national averages.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services were available.
- The practice and PPG had carried out its own survey of patients in 2015

Access to the service

The practice was open from 8am to 1pm Monday to Friday and 4pm to 6pm on Mondays, Wednesdays and Fridays.

Appointments ran from 10am to 11am in the morning Monday to Friday and 4.00 to 6pm Mondays, Wednesdays and Fridays. Extended hours surgeries were offered on a Monday evening until 8pm at the main surgery in Batley for pre booked appointments only.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 72% patients said they could get through easily to the surgery by phone (CCG average 66%, national average 73%).
- 81% patients described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 79% patients said they usually waited 15 minutes or less after their appointment time (CCG average 67%, national average 65%).

The practice carried out its own survey of patients in 2015, of 100 forms distributed 64 were returned, 86% of the respondents were satisfied with the service they received. The practice developed an action plan as a result of the findings in order to improve patients' satisfaction with the GP service. The practice had promoted its on-line services, to improve access to GP appointments on-line and updated patient information in the waiting room.

Listening and learning from concerns and complaints

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

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

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. The practice held annual meetings to review complaints and outcomes, lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, sharing lessons learned with staff, ensuring practice protocols were followed and checking staff training was up to date.

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 did not have a clear vision and strategy, however staff told us they were committed to delivering high quality care and promoting good outcomes for patients.

- The practice had supporting business plans which were regularly monitored.

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 staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, areas such as cleanliness, infection prevention and control and waste management had not been monitored. We discussed this with the practice manager who was able to provide action plans and assurance to address these areas.

Leadership, openness and transparency

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

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

When there were unexpected or unintended safety incidents:

- the practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- Annual meetings were held to discuss outcomes, themes and trends from incidents and significant events

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

- Staff told us that the practice held regular team meetings.
- 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.

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.

- It had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. There was a virtual PPG which communicated via email on a regular basis, contributed to patient surveys and submitted proposals for improvements to the practice management team.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and worked with the local

Are services well-led?

Good 

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

Indian Muslim Welfare Society and community radio stations to improve outcomes for patients in the area. For example, to inform patients about diabetes and the importance of self-care especially during fasting periods.