

Lepton & Kirkheaton Surgeries

Quality Report

Lepton Surgery
Highgate Lane
Lepton
Huddersfield
HD8 0HH

Tel: 01484 606161

Website: www.lepton-kirkheatonsurgeries.nhs.uk

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Lepton & Kirkheaton Surgeries	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lepton & Kirkheaton Surgeries on 15 November 2016. This was to check that the practice had taken sufficient action to address a number of significant shortfalls we had identified during our previous inspection on 21 January 2016. Following this inspection, the practice was rated as inadequate for providing safe, effective and well-led services; and requires improvement for providing caring and responsive services. Overall it was rated as inadequate. We also issued three warning notices under the Health and Social Care Act 2008 to accompany our inspection report and placed the practice into special measures as a result.

During our most recent inspection, we found that the practice had taken action to remedy the breaches in regulations. For example, health and safety concerns had been addressed, outdated policies had been reviewed, effective clinical audits were being undertaken, deficits in staff training had been rectified and systems to ensure the safe management of vaccines had been implemented. Overall the practice is now rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

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 provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Continue to review and address issues raised in the national patient survey to assure themselves that improvements that have already been made are sustained and have had a positive impact.

- Continue to address performance in the Quality and Outcomes Framework (QOF) in the area of mental health services to effect continued improvement.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Since the previous inspection in January 2016, we saw that lessons were widely shared and reflected upon to make sure action was taken to improve safety and patient outcomes 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 to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed across both locations with clear lines of accountability within the team. Since the previous inspection, improvements had been made to the monitoring of temperature sensitive medicines and infection control procedures.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average across most clinical areas. The practice had identified areas for improvement in the area of mental health.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Since the previous inspection, the practice had commenced a programme of clinical audits. We saw evidence that demonstrated quality improvement as a result.
- Since the previous inspection, policies had been reviewed and risk assessments undertaken.
- 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.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Data from the national GP patient survey was mixed. Results relating to consultations with nurses were higher than the local and national averages. Results relating to consultations with GPs were lower than local and national averages. Data showed that 69% of respondents described their overall experience of this surgery as good. This was 18% lower than the local average and 16% lower than the national average. Since the survey data had been collected, the practice had implemented several improvements including the appointment of a dedicated reception manager who had been working to ensure a consistent and professional approach was adopted by all members of the reception team.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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 provider had sought guidance from the Royal College of General Practitioners (RCGP) to identify and implement improvements to services.
- Patients said they found it easy to make an appointment with a 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Since the previous inspection, we saw that effective learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



Summary of findings

- Since the previous inspection, the practice had developed a clear vision and strategy to deliver high quality care and promote good outcomes for patients and the appropriate training and support for staff. All members of the team were clear about the vision and their responsibilities in relation to it.
- There was an effective leadership structure and staff felt supported by management. The practice had a wide number of policies and procedures to govern activity which had all been recently reviewed and demonstrated awareness of and adherence to current guidance. The provider 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.
- 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 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.

- 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.
- Health checks were offered to those over 75 years of age and patients on multiple medications were regularly reviewed by the pharmacist.

Good



People with long term conditions

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 and reviewed by GPs.
- Overall QOF achievement for treatment of diabetes was 91%, which was 3% higher than the local average and 1% higher than the national average.
- 81% of patients with asthma had received an annual review which was 4% higher than the local average and 5% higher than the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered 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. For example, by referring cases to a visiting diabetic consultant or diabetic specialist nurse.

Good



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

Good



Summary of findings

example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- A full range of family planning services were provided and sexual health support for young people was offered, including chlamydia screening.
- Uptake for the cervical screening programme was 87%, which was higher than the CCG average of 85% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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).

- 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. For example, appointments outside of the standard working day and telephone consultations were available.
- The practice was proactive in offering online services including appointment booking as well as a full range of health promotion and screening that reflects the needs for this age group. For example, a health check for patients over 40 years of age was offered by the provider.

Good



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 and those with a learning disability.
- Patients who were known to be vulnerable were followed up by the practice if they missed an appointment.
- The practice offered longer appointments for patients with a learning disability and undertook annual reviews.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example; the practice liaised regularly with a local provider that provided care for a group of patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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).

- 89% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was 5% higher than the national average.
- 100% of eligible patients experiencing a serious mental illness had an up to date care plan. This was 11% higher than the national average. However, the practice reported an exception rate of 38%, which was significantly higher than the national exception rate of 13%. The practice told us the rate was being reduced by a review of patient coding by a newly appointed dedicated staff member and a programme of follow-up review by a GP.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups, voluntary organisations and secondary medical services. For example, the practice actively referred eligible patients to appropriate therapeutic services such as IAPT (Improving Access to Psychological Treatments).
- 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 a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. Survey forms were distributed to 224 patients and 107 were returned. This represented a completion rate of 48% and comprised slightly more than 1% of the practice's patient list. The results were mixed with results for nursing staff scoring higher than average whilst other results were lower than average. This data had been collected prior to, and shortly after the practice was placed into special measures. It did not reflect the improvements seen at our most recent inspection.

- 61% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 82% 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%.
- 69% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 61% 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 21 responses which were all positive, about the standard of care received. Patients described a friendly reception team and caring, professional clinicians. Whilst several commented that routine appointments were sometimes difficult to arrange quickly, people told us that the care was compassionate and that they felt listened to and well supported.

We spoke with three patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice regularly reviewed their responses to The Friends and Family Test and achieved good or high satisfaction in more than 96% of responses. (The Friends and Family test is a feedback tool which asks people if they would recommend the services they have used to their friends and family).

Lepton & Kirkheaton Surgeries

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, a second CQC inspector and a practice nurse specialist adviser.

Background to Lepton & Kirkheaton Surgeries

Lepton and Kirkheaton Surgeries are housed within two purpose built premises in a semi-rural area of Huddersfield. The main registered location is the Lepton Surgery, Highgate Lane, Lepton, Huddersfield, HD8 0HH. Kirkheaton is a somewhat smaller premises and is a branch surgery located three miles away. The branch address is: Kirkheaton Surgery, Heaton Moor Road, Kirkheaton, Huddersfield, HD5 0ET. Both sites were visited as part of the inspection.

The practice serves a combined patient list of 7388. The area is relatively affluent and has lower levels of deprivation when compared to neighbouring practices within the Huddersfield area and also nationally.

There are two full time male GP partners. They are supported by a full-time male and two part-time female salaried GPs.

There are three part-time female practice nurses, whose working hours are equal to two whole time equivalent staff. There are two part-time female health care assistants, one of whom also works as a phlebotomist four days a week. A pharmacist is also employed on a part-time basis.

The practice manager is supported by a full time reception manager who supervises the receptionist and administration teams across both locations.

The provider is open Monday-Friday 8.30am to 6pm, with each location closing for lunch for one hour. There is also half day closing at both sites once a week. Lunch and surgery closures are staggered between the two locations to provide continuity for patients throughout the day. Appointments with a GP or nurse are offered throughout the day and a GP extended hours service is offered at Lepton surgery on a Tuesday evening between 6.30-8.30pm. This equals 4 hours of extended service and allows patients to access both a male and female GP at these times.

Doctors attend surgeries at both locations whilst the surgery at Lepton has two nurses and the Kirkheaton branch employs one nurse.

Care is delivered as part of a Primary Medical care (PMS) contract and when the surgery is closed out of hours care is provided by Local Care Direct.

This practice was first inspected on 21 January 2016, and was found to be inadequate overall and placed into special measures.

At the January 2016 inspection the practice was rated inadequate in safe, effective and well led. It was rated as requires improvement in caring and responsive.

Detailed findings

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 had improved sufficiently in order to meet 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.

Warning notices had been served in respect of Regulations 12 (Safe care and treatment), 17 (Good governance) and 18 (Staffing). The report was published on 26 May 2016 and is available on our website. The practice returned an action plan to us and sought support from the CCG and RCGPs to initiate improvements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 November 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, receptionists and the practice manager. We also spoke with patients who used the service.
- Observed how patients were greeted on arrival at the surgery and also when phoning for an appointment.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

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

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

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

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

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

Are services safe?

Our findings

At the previous inspection on 21 January 2016, we found that actions and learning identified from significant events had not been consistently acted upon and the system for sharing patient safety or drug alerts did not follow the practice policy. We saw that the management of temperature sensitive medicines did not follow the latest guidance and the infection prevention policy was undated and contained obsolete information. However, during our recent inspection we saw evidence that significant improvements had been made in all of these areas.

Safe track record and learning

At this inspection on 15 November 2016 we found there was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form 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.
- At our previous inspection, we found that learning from incidents was not effectively implemented. At our most recent inspection we saw evidence that the practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were now shared and effective action was taken to improve safety in the practice. For example, an incident involving the accidental failure of the power supply to a vaccine fridge storing temperature sensitive medicines was appropriately handled. We saw evidence that remedial action was taken in accordance with the latest guidance and the appropriate notifications were made. We saw that learning from the

incident was effectively analysed and shared across the practice. Another incident involved a duplicate medication being administered because a patient record had not been previously updated. The practice reviewed learning from this incident, sought assurance that no harm had been caused to the patient and implemented a clinical template on the computer system as part of a revised protocol. This was shared amongst the relevant clinicians, to reduce the likelihood of a reoccurrence.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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. GPs were trained to child and adult safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the reception areas and clinical rooms to be clean and tidy. At our previous inspection, we found that staff had not received infection control training and responsibility for the management of infection control was unclear. At this inspection, a practice nurse was the infection control clinical lead who worked under the supervision of a senior GP and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in

Are services safe?

place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- At our earlier inspection, we found that the management of temperature sensitive medicines was not in line with good practice. At our most recent inspection, we saw the arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams and the newly appointed practice pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions.
- The health care assistant was trained to administer vaccines and medicines against a patient specific direction (PSD) or prescription. A PSD is an instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by a prescriber.
- 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.

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. 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 particular bacterium which can contaminate water systems in buildings).

- 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 an on call clinician was always available to respond to any urgent queries from staff or patients.

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 had received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available at both locations and oxygen with adult and children's masks was available. A first aid kit and accident book were also seen.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Medicines were stored securely.

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

At our inspection on 21 January 2016, the provider was unable to demonstrate how they monitored the following of updated NICE guidance across the clinical team. Whilst clinical care was in line with current practice, several of the policies supporting clinical practice such as cervical smears were out of date and contained obsolete information. The practice had also not undertaken any clinical audits within the last two years or participated in any benchmarking, peer review or research. We also found that the nursing team did not receive any clinical supervision and the interpretation of some blood results by nursing staff was undertaken without the required enhanced training.

During our inspection on 15 November 2016 we saw evidence that significant improvements had been made in all of these areas.

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 implemented effective systems to keep all clinical staff up to date, which now reflected the practice policy. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through clinical supervision, risk assessments and audits.

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 96% of the total number of points available. This is 1% higher than the local and national average, and was an increase of 2% against the previous year. The clinical exception rate for this provider is 7%, which is 1% lower than the local average and 2% lower than the national average and

was unchanged from the previous year. 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 2015-16 showed:

- Performance for diabetes related indicators was in line with or higher overall than the local and national averages. For example 91% of diabetic patients had received a foot examination to check for nerve or skin damage associated with their condition. This was 5% higher than the local average and 2% higher than the national average, with exception reporting in line with the local and national average. In addition, 69% of diabetic patients on the register had achieved a blood sugar result of 59 mmol or less in the preceding 12 months. This demonstrated that their diabetes was being well controlled. This was 2% lower than the local average and 1% lower than the national average. This had been achieved with an exception rate that was 6% lower than the local average and 11% lower than the national average.
- Performance for mental health related indicators was mixed. Some indicators showed performance was higher than the local and national average when data included exception reporting. For example 100% of eligible patients experiencing a serious mental illness had an up to date care plan. This was 9% higher than the local average and 11% higher than the national average. However, the practice reported an exception rate of 38%, which was significantly higher than the local exception rate of 8% and the national exception rate of 13%.
- 74% of patients with a serious mental illness had a record of their blood pressure taken in the last year. This was 15% lower than the local and national average. Exception reporting on this indicator was 21%, 13% higher than the local and 21% higher than the national average.

The provider told us they were in the process of reviewing all of their patients with a mental health diagnosis and had identified a large variation in coding

Are services effective?

(for example, treatment is effective)

some of these patients; as a consequence the practice anticipated a significant reduction in their exception reporting at the end of the financial year. We have told the provider they should continue monitoring this.

At our earlier inspection in January 2016, we did not see any evidence of effective clinical audit activity.

- We saw there had been four clinical audits commenced since our inspection on 21 January 2016, one of these was a completed audit where the improvements made were implemented and monitored. The remaining audits were all timetabled for a repeat at either six or 12 month intervals.
- The practice participated in local audits, national benchmarking, accreditation, and peer review and research.
- Findings were used by the practice to improve services. We saw evidence that patients living with type 2 diabetes had been reviewed to ensure they were receiving the most appropriate medication and educational support. Patients living with coeliac disease were also reviewed to ensure that they had the most appropriate immunisations relevant to maintaining their health.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. At our previous inspection we saw that not all staff were being appropriately supported in their role. At our most recent inspection we saw that a key member of the management team had now received appropriate levels of support and mentorship to meet the demands of their role. 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. At our previous inspection, nursing staff had no formal supervision of their work and worked in relative professional isolation. We saw they were now receiving regular clinical supervision from a senior GP on a planned basis. We saw evidence that these supervisions were appropriately attended and minuted by the provider. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Are services effective?

(for example, treatment is effective)

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.
- 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. A non-clinical audit had been undertaken to review the recording of consent being appropriately sought and maintained within the patient record for babies receiving immunisations; this had been introduced following a baby receiving the same vaccine twice. The audit had been repeated and showed 100% compliance with the revised procedures within the practice.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 87%, which was higher than the CCG average of 85% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the most common vaccinations given were higher than comparable CCG/ national averages. For example, childhood immunisation rates were above the 90% national expected coverage levels for the usual vaccinations; rates for the vaccinations given to under two year olds ranged from 97% to 100%. For five year olds vaccination rates for the MMR vaccine was 100% (local average ranged 93-98%, national averages ranged from 88% to 94%).

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.

Are services caring?

Our findings

At our inspection on 21 January 2016, we found that there had been long standing problems with the professionalism of a minority of reception staff; this had been raised within the patient group and had also been the subject of several complaints. At our most recent inspection on 15 November 2016, we saw that staff were now directly supported by a newly appointed reception manager and that improvements had been noted by the patient group and were confirmed by our own observations during the inspection.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect. Written comments made by patients using the friends and family test between May – September 2016 supported this finding.

- 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 had received advice how to identify when patients wanted to discuss sensitive issues or appeared distressed; and they could offer them a private room to discuss their needs.

All of the 21 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.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and that there had been marked improvement across all aspects of the practice since our earlier inspection. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed that the majority of patients felt they were treated with compassion, dignity and respect. Data for the survey had been collected prior to our earlier inspection of January

2016 and did not therefore reflect any improvements since the practice was placed into special measures. The practice was in line with local and national averages for its satisfaction scores on consultations with nurses; however, the provider scored significantly lower in questions relating to GPs, for example:

- 75% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 67% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The provider had reviewed the results of the patient survey and drafted an action plan to implement improvements. These included targeted support for clinicians in improving their listening and consultation skills. The practice told us that they would undertake an evaluation of patient feedback following the completion of this support.

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.

Are services caring?

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

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 62% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The provider showed us evidence that they had discussed these results and reinforced techniques of empathy and shared decision making across the clinical team. Written comments from the friends and family test showed that the majority of patients were very satisfied with care; however, a small number of comments continued to cite where improvements were needed in listening and empathy from clinicians.

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

- Staff told us that translation or interpretation services were available for patients who did not have English as a first language or experienced barriers to communication, for example those who had a sensory impairment. We saw notices in the reception areas informing patients these services were available.

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 81 patients as carers (1% of the practice list). Since our inspection on 21 January 2016, a reception manager had been recruited who was also the designated carers' champion. A variety of promotional activities were now taking place to assist in the identification of carers within the patient population. 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, the practice contacted them or sent them a sympathy card. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection, we found that there had been an inconsistent approach in the management of and learning from complaints. We also found that there was not an effective protocol for the triaging of clinically vulnerable patients. At the inspection on 15 November 2016, we saw that significant improvements had been made including a review of reception and telephone services that had increased accessibility for patients along with the introduction of an on-call duty clinician.

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 pre-booked appointments from 6.30-8.30pm on Tuesday evening for patients who could not attend during the usual working day.
- An on-call clinician was now available throughout the day to assist reception staff in triaging patient needs.
- The practice offered consultations by telephone and promoted online access for appointments and prescriptions.
- Minor surgery services were available and a full contraceptive service for those that required them.
- There were longer appointments available for patients with a learning disability or who would benefit from a longer consultation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Phlebotomy services were available and could be arranged at home for patients who were unable to attend the surgery.
- 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/were referred to other clinics for vaccines available privately.
- There were disabled facilities, interpretation and translation services available.

Access to the service

The practice at Lepton was open between 8.30am and 6pm Monday to Friday, closing for lunch between 12-1pm and half day on Wednesday. The branch surgery at Kirkheaton was open between 8.30am and 6pm Monday to Friday, closing for lunch between 1-2pm and half day on Thursday. Callers who phoned during between 6pm and 8.30am were connected directly with Local Care Direct. Appointments were available at both sites for morning and afternoon surgeries with an extended hours clinic held 6.30-8.30pm on Tuesday evening. 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 lower than local and national averages, however survey data was collected before recent improvements had been implemented.

- 63% of patients were satisfied with the practice's opening hours compared to the local and national average of 76%.
- 61% of patients said they could get through easily to the practice by phone compared to the local average of 75% and the national average of 73%.

The practice showed us evidence that since the data had been collected for the survey, they had reorganised their reception and telephone services. Calls were now directed away from the front reception desks and additional lines had been installed to reduce waiting times. Patients confirmed to us that there had been an improvement and the provider was planning a follow up survey to assess current levels of satisfaction. However, several patients told us that obtaining a routine appointment could take longer than they wished for.

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.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

At our earlier inspection in January 2016, we found that the practice had taken an inconsistent approach in the learning from complaints and had not implemented the required improvements identified. At our most recent inspection we saw that:

- The 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 in reception and on the website to help patients understand the complaints system.

We looked at complaints received in the last 12 months. Overall the practice had recorded three incidents of formal complaint, including verbal and written complaints. The practice had also considered any negative comments

received from the family and friends test and the patient survey in planning how to improve services. We saw that complaints were responded to in a timely manner and that the practice responded in a considered and open way. Lessons were learnt from individual concerns and complaints as a result to improve the quality of care. Learning previously outstanding from complaints identified at our earlier inspection had now been implemented and more recent complaints had also been effectively reviewed. For example, a complaint about the misfiling of a test result that led to a patient receiving a delay in the outcome resulted in a review of reception services and the recruitment of a dedicated records coder to improve accuracy and efficiency. A complaint regarding the manner of a clinician and their subsequent diagnosis led to a reflection on consulting skills and targeted support for staff, as needed, in improving these skills.

Are services well-led?

Good 

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

Our findings

At our inspection on 21 January 2016, we found that the practice had not developed a coherent business plan or practice strategy. There was not an effective or overarching governance framework to fully support the delivery of good quality care. Key practice policies were out of date and not all staff were adequately trained for their role or appropriately managed. At our inspection on 15 November 2016, we saw that significant improvements had been made in all areas of concern.

Vision and strategy

The practice had developed 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 drafted a strategy and supporting business plans which reflected the vision and values and were being regularly monitored.
- Following our inspection in January 2016, the partners had sought professional advice and guidance from their professional body and the local commissioning group to identify how to effectively improve outcomes for patients.
- A review of staffing had led to targeted personnel development and the recruitment of additional staff to improve governance and patient satisfaction.
- The future needs of the business and succession planning had been embedded into the strategy.

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 that had been absent or undated at our earlier inspection were now appropriately reviewed and implemented across the team.

- A comprehensive understanding of the performance of the practice was now being maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and the practice manager. All staff were involved in discussions about how to run

Are services well-led?

Good 

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

and develop the practice, and the partners and the management team 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the patient group had successfully raised funds for a second defibrillator to be installed at the branch practice. Since our earlier inspection, online appointments had also been doubled in capacity to improve patient accessibility.

- The practice had gathered feedback from staff through a thorough review and reflection of services when the provider had been placed in special measures. 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 and described that following their disappointment at the outcome of the previous inspection, the team had renewed energy and focus to provide good quality care.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The inspection team saw evidence that the provider had engaged with both internal and external stakeholders to critically reflect on its practice and had implemented a clear and effective programme of sustained improvement across all areas of the service. This was particularly observed in the way that staff across both locations were now in acting in a joined up and cohesive way. We saw a staff team that was highly motivated to provide good quality care in a supportive environment.