

# Lockwood Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

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 Lockwood Surgery on 14 June 2016. The practice has received an overall rating of 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.
- In the most recent national patient survey patients had rated this practice proportionately better than other practices in terms of access and their experience of the service as a whole.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was registered as a 'Safe Place'. This meant that they had undertaken to support vulnerable people if they became disorientated or lost; and make contact with key people to ensure that they were safely returned home.

# 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.

We saw an area of outstanding practice:

- The practice provided a weekly surgery at all the nursing homes where they had patients registered. This service had been continued despite CCG funding having been withdrawn.

We saw one area where the provider needs to make improvements. The provider should:

- Develop a system for checking disclosure and barring service (DBS) status of locum GPs

**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
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- We saw that the induction pack for locum GPs did not ascertain whether a disclosure and barring service (DBS) check had been completed.(DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice told us they would include this in the future.

### 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.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice had developed a number of protocols for managing prescribing and repeat prescribing of medicines, and for treatment of some conditions, such as urinary tract infections (UTIs)
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff. The practice made use of a pre-appraisal document which enabled staff to identify their key

# Summary of findings

development goals for the forthcoming year. One staff member had not received an appraisal in the preceding year. Following on from the inspection the practice advised us the appraisal had been booked to be carried out on 21 June 2016.

- Staff worked with other health care professionals such as district nurses, community matrons and health visitors to assess need and plan care to meet the needs of patients with more complex needs.
- 100% of patients with mental or physical health conditions had their smoking status recorded, compared to the national average of 94%.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified a carers' champion and was proactively identifying patients who undertook an unpaid caring role. Eighty seven patients had been identified as carers at the time of our visit.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the appointment system had been overhauled, and each day one GP was identified as 'on call' to deal with any requests for urgent appointments or home visits.
- 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. Recent patient survey results showed that 90% of respondents said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 76%).

Good



# Summary of findings

- 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. Learning from complaints was shared with staff and other stakeholders.
- The practice visited all nursing homes where they had patients registered and held a weekly surgery for their residents. This service had continued despite additional funding having been withdrawn.

## Are services well-led?

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

- The practice had a vision to provide a caring and supportive service to patients and staff, and to promote good outcomes for patients. Staff understood the ethos and vision of the practice, and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management and GP partners. The practice had a number of policies and procedures to govern activity and held regular staff and clinical 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. Duty of Candour is the legal duty of healthcare providers to be open and honest when things go wrong. The partners and management team encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

Good



The practice is rated as good for providing caring and responsive services to 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.
- Before the inspection we sought feedback from two nursing homes who had residents registered at the practice. Both homes told us they received an excellent service from the practice.
- The practice provided a weekly surgery to all the nursing homes where they had patients registered. This service had continued despite the additional funding having been withdrawn. This meant that problems could be picked up earlier, residents received continuity of care, and were able to access GP services in a similar way to patients living in their own home. They told us this had reduced the number of people being referred to secondary care in urgent circumstances.
- The practice showed that as a result of their work with nursing homes that the proportion of expected deaths occurring at home had increased significantly. This showed that patients were more likely to end their lives at their place of choice and in familiar surroundings, rather than in hospital.

### People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 95% of patients with diabetes, on the register had received a flu immunisation in the preceding 12 months compared to the national average of 94%.

# 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 their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice made use of care plans for patients with long term conditions. This ensured that patients were involved in planning and managing their own health.
- The practice made referrals to the 'Practice Activity and Leisure Scheme' which enabled eligible patients to attend local gyms and undertake an individualised activity and fitness plan to help in managing their condition.

## Families, children and young people

**Good**



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Practice staff provided examples of effective joint working with midwives and health visitors.
- The health visitor attended a monthly meeting at the practice, where children who had been identified as having additional needs were discussed, and care planning was updated.
- At the time of our visit nine children were subject to a child protection plan, and 10 to a child in need plan. These are where health, social care and other professionals work together to help keep children safe from harm.



# Summary of findings

- The practice followed up all women during their pregnancy, up until the child reached school age; and ensured that appointments for vaccinations and immunisations were sent in a timely way. Where patients failed to attend for appointments they were routinely followed up by practice staff.

## Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 95% of eligible women had received a cervical smear screening in the preceding five years compared to the national average of 82%.
- 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.
- We saw that 34% of patients had registered for online access.

## People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice gave vulnerable patients information about how to access various support groups and voluntary organisations.
- The practice had identified a Carer's Champion. A Carers' Open Day had been held at the practice the week before our visit. Carers were signposted to 'Carers Count' which was a local support agency. We spoke with one carer

# Summary of findings

during our visit who told us they received good support from this organisation. This group of patients were offered an annual health check and seasonal flu vaccination each year.

- The practice was registered as a 'Safe Place'. This meant that they had undertaken to support vulnerable people if they became disorientated or lost; and make contact with key people to ensure that they were safely returned home.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were able to give good examples of how they had effectively identified children and adults at risk of harm and had shared information and documented concerns. We saw that contact details for the relevant agencies, both in working hours and out of hours were available to staff.

## People experiencing poor mental health (including people with dementia)

Good



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

- 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 100% of patients with mental or physical health conditions had their smoking status recorded, compared to the national average of 94%.
- The practice regularly worked with multidisciplinary 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 how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

- The practice told us that before referring patients for diagnostic confirmation of dementia they carried out a range of pre-diagnostic checks such as blood tests, computerised tomography (CT) scan and electrocardiogram (ECG) testing to help ascertain a speedy diagnosis.
- Where patients were known to have difficulty with memory the practice had a system of making a call to patients half an hour before their allotted appointment time to remind them of the appointment

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing above local and national averages on many points. There were 268 survey forms distributed and 107 were returned. This represents 40% of the surveyed population, and 2% of the patient list as a whole.

- 93% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and national average of 76%.
- 97% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and national average of 85%.
- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards, almost all were extremely positive about the standard of care received. One comment described the practice as “wonderful in every way”. Only one card contained a negative comment stating that access to appointments was difficult.

We spoke with ten patients during the inspection, including five members of the patient participation group (PPG). All of these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The most recent results of the Friends and Family Test (FFT) from May 2016 showed that 83% of patients were likely or extremely likely to recommend the practice to friends and family.

## Areas for improvement

### Action the service **SHOULD** take to improve

Develop a system for checking disclosure and barring service (DBS) status of locum GPs

## Outstanding practice

The practice provided a weekly surgery at all the nursing homes where they had patients registered. This service had continued despite additional CCG funding having been withdrawn

# Lockwood Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team comprised a CQC Lead Inspector and a GP specialist adviser

## Background to Lockwood Surgery

Lockwood Surgery is situated in Huddersfield, HD1 3XH. It is located approximately one and a half miles from Huddersfield town centre. There are currently 4746 patients on the practice list. 78% of patients are of white British origin, with the remaining 22% being of South Asian, Eastern European or Afro-Caribbean origin. The practice provides Personal Medical Services (PMS) under a contract with NHS England. They offer a range of enhanced services such as childhood vaccinations and immunisations, avoiding unplanned admissions scheme and minor surgery.

The practice is situated in a purpose built two storey building. The building has car parking facilities, disabled access, and access to public transport routes.

The practice has three GP partners, two of whom are male and one female. There are two female practice nurses and one female health care assistant (HCA). The clinical team is supported by a practice manager and a range of administrative and secretarial staff.

The practice catchment area is classed as being within the group of one of the more deprived areas in England. People living in more deprived areas tend to have greater need for health services.

The average life expectancy for patients registered at the practice is 76 years for men and 81 years for women, compared to the local average of 78 years and 82 years respectively, and the national average of 79 years and 83 years respectively.

The practice had identified 20% of their patients as over 65 years old, with 9% over 75 years old, and 2% of their patients were living in residential or nursing homes.

The practice is open between 8.30am and 6.30pm Monday to Friday.

Weekly clinics are held which include contraception, childhood immunisations and phlebotomy.

Out of hours care is provided by Local Care Direct which is accessed by calling the surgery telephone number or by calling the NHS 111 service.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders such as NHS England and Greater

# Detailed findings

Huddersfield Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided before and during the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF), national GP patient survey and the NHS Friends and Family Test (FFT). In addition we contacted two nursing homes who had residents registered at the practice.

We carried out an announced visit on 14 June 2016. During our visit we:

- Spoke with a range of staff including two GPs, two practice nurses, the practice manager and one receptionist.
- In addition we spoke with ten patients, including five members of the PPG.
- We observed communication and interaction between staff and patients, both face to face and on the telephone.
- We reviewed an anonymised sample of the personal care or treatment records of patients.
- We 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

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a vaccine intended for an adult had been given to a child in error, advice was sought from the appropriate agencies, the family affected were given a face to face meeting where the error was discussed in a frank and open manner. Following this, a decision was made to store adult and children's vaccines in separate fridges to avoid future error.

### 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 liaised with

the health visitor as appropriate and provided information for safeguarding meetings when required. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three.

- A notice in clinical rooms 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place. The IPC clinical lead was booked to attend IPC training the week following our inspection, and hand washing training was booked for all staff in the week following our visit. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result, for example the floor covering in clinical areas had been changed to comply with IPC recommendations.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were appropriate (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice had developed a number of medicines review protocols and detailed repeat prescribing policies. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. 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

## Are services safe?

administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription (PSD) or direction from a prescriber.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The files relating to two staff members who had been employed at the practice for a number of years did not contain details of references, but we were assured the recruitment policy was followed for all staff.
- We saw that the induction pack for locum GPs did not ascertain whether a disclosure and barring service (DBS) check had been completed. The practice told us they would include this in the future.

### 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 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. Cover was provided within role based arrangements. This meant that GPs covered each other, as did nurses and other staff groups.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan (BCP) in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice told us that each member of staff held a copy of the BCP at their home address.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through 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 were 98% of the total number of points available ( CCG average was 96%) the practice had 8% exception reporting rate, which is the same as the CCG average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting, or where certain medicines cannot be prescribed due to side effects.

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

- Performance for diabetes related indicators was higher than CCG and national averages. For example 83% of patients with diabetes, on the register, had a cholesterol reading which was within normal limits recorded in the preceding 12 months compared to the CCG average of 80% and national average of 81%.
- Performance for mental health related indicators were higher than CCG and national averages. For example 93% of patients with schizophrenia or other psychoses had a recording of their alcohol consumption completed in the preceding 12 months compared to the CCG average of 88% and national average of 90%.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example improving consistency and accuracy in recognising types of skin lesions treated by minor surgery.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice was part of a large federation of GP practices which covered half of Huddersfield. It was also part of a smaller cluster of six to seven practices where QIPP (Quality, Innovation, Productivity and Prevention) progress was discussed and learning shared. QIPP is a large scale programme developed by the Department of Health to drive forward quality improvements and improve efficiency in NHS care.
- Findings were used by the practice to improve services. For example, recent action taken as a result included standardising referral criteria for referral to dermatology specialist services.

Information about patients' outcomes was used to make improvements such as close monitoring of patients taking disease- modifying antirheumatic drugs( DMARDs). DMARDS are a group of medicines commonly used in patients with rheumatoid arthritis. Since these medicines can have side effects affecting the blood, liver or kidneys patients taking these medicines need to have regular blood monitoring checks.

### Effective staffing

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

- The practice had a structured induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Induction also gave staff at all levels the opportunity to shadow GPs during their surgery at local nursing and residential homes, and the opportunity to shadow nursing staff during their clinics.
- 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. Non clinical staff were able to access additional courses such as medical terminology awareness and other update sessions.

# Are services effective?

## (for example, treatment is effective)

- 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. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, and mentoring; informal clinical supervision and facilitation and support for revalidating GPs. The practice made use of a pre-appraisal document which allowed staff to identify their own key areas for development in the forthcoming year. We saw that one member of staff had not received an appraisal in the preceding 12 months. Following on from the inspection the practice informed us this had been arranged to be completed on 21 June 2016.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. The practice manager told us she was planning to facilitate information governance training in the near future for all staff. Staff had access to in-house training, local training provided by the CCG during practice protected time (PPT) and externally provided training when appropriate.

### 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.
- The practice told us that before referring patients for diagnostic confirmation of dementia they carried out a range of pre-diagnostic checks such as blood tests, computerised tomography (CT) scan and electrocardiogram (ECG) testing to help ascertain a speedy diagnosis.

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 district nurses, community matron and palliative care nurses on a fortnightly basis when care plans were routinely reviewed and updated for patients with complex needs. Meetings with health visitors took place on a monthly basis. Patient records were updated and care planning for families with additional needs was reviewed during these meetings.

### 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 such as Gillick competency. These are used in medical law to decide whether a child is able to consent to his or her own treatment without the need for parental knowledge or consent.
- 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 to ensure it met the practice's responsibilities within legislation and followed national guidance. Consent was recorded on the patient's electronic medical record. Written consent was gained for invasive procedures such as joint injections. This was then scanned onto the patient record.

### 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. We spoke with one patient during the inspection who told us he had been able to make significant lifestyle

# Are services effective?

(for example, treatment is effective)

changes with the support of the practice nurse. Weight management support was provided in-house by the HCA. Patients could be signposted to local smoking cessation services, or for example to a dietitian or substance misuse services when appropriate.

- The practice made referrals to the 'Practice Activity and Leisure Scheme' for eligible patients, which enabled them to attend local gyms and undertake an individualised activity and fitness plan to help them manage their long term condition.

The practice's uptake for the cervical screening programme was 95%, which was higher than the CCG average of 86% and the national average of 82%. Telephone reminders were offered when appropriate to patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 57% of eligible patients had received bowel cancer screening in the preceding 30

months, and 65% of eligible women had received breast cancer screening in the preceding three years. There were 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 vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and five year olds stood at 100% for all vaccinations.

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. The practice provided data which showed that 106 patients had attended for the check in the preceding year. 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

### Kindness, dignity, respect and compassion

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

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

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

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

- 98% 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%.
- 99% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 95% 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 national average of 85%.

- 98% 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 national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 98% 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%.
- 94% 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 national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.

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

- Staff told us that telephone interpreter services were available for patients who did not have English as a first language.
- Information leaflets were available in large font upon request. Where a patient was known to have visual impairment a note was on their records reminding staff that all letters should be sent in large font.
- The practice made use of a hearing loop for people with hearing impairment.

## Are services caring?

- Where patients were known to have memory difficulties, such as people with dementia, staff made a telephone call half an hour before the allotted time, to remind these patients about their appointment.
- The practice was registered as a 'Safe Place'. This meant that they had undertaken to support vulnerable people if they became disorientated or lost; and make contact with key people to ensure that they were safely returned home.

### **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 87 patients as carers (2% of the practice list) The practice told us they signposted carers to 'Carers Count' a local support group. The practice told us they had hosted a Carers' Open Day the week before our visit. Carers were offered an annual health check and were offered season flu vaccination. We saw that written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement all staff were made aware. The practice had developed a 'death protocol' which meant that family members of the deceased person were identified and coded on their medical record, to ensure that their care was handled sympathetically if they attended for consultations with any of the team. The practice also notified any other services which had been involved in the care of the person who had died, to avoid any contact being made by these services which was inappropriate or upsetting. Additionally, the protocol stated that a follow up telephone call or home visit was carried out two weeks after the date of the death, and families were then signposted to additional support services if appropriate.

The practice showed that as a result of their work with nursing homes that the proportion of expected deaths occurring at home had increased significantly. This meant that patients were more likely to end their lives at their place of choice and in familiar surroundings, rather than in hospital.

# 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 the appointment system had been recently overhauled in response to patient concerns. This meant that one GP was on call each day to manage all requests for same day appointments; undertaking telephone callbacks, face to face appointments and home visits. The GPs not on call offered routine surgeries in the morning, during lunchtime and in the early evening.

- The practice did not offer extended hours. Appointments were available up until 5.50pm Monday, Tuesday, Thursday and Friday. Appointments on Wednesday afternoon were not pre-bookable and were available only with the on call GP.
- There were longer appointments available for patients with a learning disability or other patients with additional needs.
- Home visits were available for housebound or very sick patients.
- Weekly surgeries were provided to all the nursing homes with patients registered at the practice.
- Same day appointments were available for any patient assessed as requiring urgent medical assessment.
- Patients were able to receive travel vaccinations available on the NHS. Private travel vaccines were offered on an occasional basis.
- The practice was able to accommodate those patients with mobility problems, or those who used a wheelchair. A hearing loop was available, and letters and patient information could be provided in large font for patients with visual impairment. Telephone interpreter services available for patients who did not have English as a first language.
- Consultation rooms were all on the ground floor of the practice.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. In addition to pre-bookable

appointments that could be booked up to four weeks in advance, urgent appointments were also available on the same day with the on call GP, for people who needed urgent medical assessment.

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.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%.
- 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and national average of 73%.

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

### Listening and learning from concerns and complaints

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

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. We saw that letters sent in response to complaints received did not contain details of the NHS Parliamentary Ombudsman. The practice told us they would include these details on future letters.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the practice patient information leaflet and on the website.

We looked at six complaints received in the last 12 months and found these were appropriately handled, dealt with in a timely way, with openness and transparency with dealing with the complaint. Both verbal and written complaints received a verbal and written apology, detailing what actions, if any, the practice had taken as a result of the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a complaint that a patient was directed to a practice nurse appointment for review of their long



## Are services responsive to people's needs? (for example, to feedback?)

term condition despite the patient's request to see a GP, the practice changed their policy, advising staff that if patients requested a GP rather than a nurse appointment, that this would be offered to them without argument.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to provide a caring and supportive service to patients and staff, and to promote good outcomes for patients.

- Staff demonstrated they understood the ethos and values of the practice, and their responsibilities in relation to these.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had developed several protocols and policies which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the practice computer system.
- Consistency in the provision of high quality care and treatment was maintained.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management team 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). The partners and management team encouraged a culture of openness and honesty.

When unexpected or unintended safety incidents occurred:

- The practice offered affected people a face to face meeting, gave reasonable support, offering 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.

- The practice held monthly staff meetings. We saw minutes evidencing these.
- 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, by the partners and management team 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, and submitted proposals for improvements to the practice management team. For example, the PPG had proposed the development of a newsletter which would inform patients about the work of the PPG, and provide education and information to patients, such as the appropriate use of antibiotics. This was being developed at the time of our visit.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff



# Are services well-led?

Good 

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

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. One of the GPs was a member of a local working group looking at how

best to meet the needs of 'atypical' patient groups, such as those with high numbers of non-English speaking patients, high numbers of one particular age group, such as young people or older people. The practice was part of a large federation of GP practices which covered half of Huddersfield. It was also part of a smaller cluster of six to seven practices where QIPP (Quality, Innovation, Productivity and Prevention) progress was discussed and learning shared. QIPP is a large scale programme developed by the Department of Health to drive forward quality improvements and improve efficiency in NHS care.