Dr Michael Pacynko

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?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive to people's needs?	**Good**
Are services well-led?	**Good**

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Pacynko (Meltham Village Surgery) on 6 August 2015. Overall the practice is rated as good.

Specifically we rated the practice as good in providing effective, caring, responsive and well-led services. However, it was rated as requires improvement for providing safe services. It was rated as good for providing services for all of the population groups.

Our key findings were as follows:

- Patients said they found it easy to make an appointment with the GP, there was continuity of care and urgent appointments were available the same day.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- There was a leadership structure and staff felt supported by the GP. The practice proactively sought feedback from staff and patients.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded and addressed.
- Feedback from patients about their care and treatment was consistently and strongly positive. Patients were truly respected and valued as individuals. The practice showed a commitment to being compassionate and caring to all population groups.

However, there were areas of practice where the provider needs to make improvements.

Importantly, the provider should:

- Ensure fire risk assessments and fire drills are undertaken.
- Ensure all policies and procedures reflect current practice, such as business continuity, safeguarding and clinical governance.

Summary of findings

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Fire risk assessments and fire drills had not been undertaken. Policies and procedures had not been reviewed and did not reflect current practice, such as business continuity, safeguarding and clinical governance.

However, there were enough staff to keep patients safe. The practice used a range of information to identify risks and improve patient safety. These included reported incidents, national patient safety alerts, clinical audits, comments and complaints received from patients. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Lessons were learned and staff could provide examples of where improvements had been made to improve safety. There were effective processes in place for safe medicines management. The systems and processes to address risks were not implemented well enough to ensure patients were kept safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included chronic disease management and promoting good health. There was evidence of annual appraisals and staff had received training appropriate to their roles. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for almost all aspects of care. Patients spoke highly of the care they received from the practice. Feedback about patients' care and treatment was consistently positive. The patients we spoke with on the day or our inspection told us health issues were discussed with them in a way they could understand. They felt involved in decision making about their care and treatment. They told us they felt listened to and had enough time during a consultation to make an informed decision about the choice of treatment they wished to receive. We observed a patient centred culture. We received a high number of CQC comment cards which was a good reflection on the

Summary of findings

positivity within the community of Meltham and the surrounding areas. The GP was passionate, dedicated and motivated. They promoted a kind and compassionate care and worked to overcome obstacles to achieve this.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Greater Huddersfield Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with the GP, there was continuity of care and urgent appointments were available the same day. Appointments were available online to meet the needs of the working population. The GP told us they were adaptable and would always see patients on the same day, whether it was routine or urgent. We observed a patient without an appointment who was seen straight away by the GP. The practice had adequate facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available both in the practice and on the website. Learning from complaints was shared with staff.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a vision and strategy and staff were clear about their roles and responsibilities in relation to this. There was a clear leadership structure and staff felt supported by the GP. There were systems in place to monitor and improve quality and identify risk. Staff received induction, regular performance reviews and attended staff meetings. The practice proactively sought feedback from patients and staff which it acted upon.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. The practice told us they were in the process of developing a carer's register. They also had a carer's champion.

Nationally reported data showed outcomes for patients were good for conditions commonly found in older people. The practice was responsive to the needs of older people, offering home visits and longer appointments. The practice worked closely with other health care professionals to ensure housebound patients received the care they needed. The practice also provided services for approximately 20 patients who resided in local nursing and care homes. The practice had access to other agencies to support the older population, such as Rapid Response, Gateway to Care, Accessible Home Team and the falls prevention service.

People with long term conditions

Good

The practice is rated as good for the care of people with long term conditions. The practice identified patients who needed additional support with an electronic alert system. Regular health checks were offered to patients for the early detection and prevention of diseases, such as cardiovascular.

The practice had a cancer and palliative care register which were regularly monitored and discussed at clinical meetings. Patients with long term conditions were supported by the GP, nurse and healthcare assistant. Home visits were GP led for the purpose of continued monitoring, observation and follow up based on physical and social need. Home visits could be requested by patients' carers, including patients in residential or nursing homes. Staff worked with relevant health and social care professionals to deliver a multidisciplinary package of care. Reviews to check health and medication needs were available. Carers, advocates or case workers were invited to attend with patients on their appointments to provide additional support.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Appropriate channels of communication with relevant agencies were used to safeguard children. Clinical cases were discussed at multi-disciplinary meetings. The practice had a system in place to identify patients at risk. The practice provided antenatal services and childhood immunisations. Post-natal home visits were also offered to patients on the register. These visits were

used as an opportunity to discuss immunisations and post-natal checks. Mothers, babies and young children had a six to eight week check with the health visitor and meetings were held with the health visiting team at least fortnightly to discuss any concerns. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice told us all young children were prioritised and same day urgent appointments were available.

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). Regular NHS health checks were offered to patients for the early detection and prevention of diseases, such as cardiovascular. The practice had extended hours one evening per week until 8pm. The practice provided online appointments and a prescription ordering service, which reflected the needs for this age group.

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 had a system in place for identifying patients living in vulnerable circumstances including those with a learning disability. Patient status alerts were used within the clinical system to make staff aware when they are dealing with a vulnerable patient. The practice used Clinical meetings in the case management of vulnerable people. The practice worked collaboratively with local agencies to maintain the physical and social well-being needs of vulnerable population groups, such as the homeless and patients with a learning disability. Information about patients' health was provided in a format patients could understand. Carers, advocates or case workers were invited to attend with patients on their appointments to provide additional support.

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 living with dementia. The practice offered longer appointments and home visits as needed for all patients who had poor mental health or dementia. The practice had in-house input from a counsellor and had access to primary care psychological therapies. The practice used the dementia enhanced service as part of the dementia identification scheme. Although they were not signed to the scheme they followed it as good practice.

Summary of findings

What people who use the service say

The National GP Patient Survey results published July 2015 showed the practice was performing higher than the local and national averages. The results showed patients were very happy with their care and treatment and the service was accessible. This aligned to our findings on the day of inspection. There was a response rate of 47.5% to the survey.

- 88.5% would recommend this surgery to someone new to the area compared to the CCG average of 81.4% and the national average of 78%
- 100% had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 96.4% and the national average of 95.3%
- 96.1% said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 90% and the national average of 88.6%
- 99.1% said the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 89.5% and the national average of 86.8%
- 95.1% said the last GP they saw or spoke to was good at involving them in decisions
- about their care compared to the CCG average of 84% and the national average of 81.5%
- 91.8% described their experience of making an appointment as good compared to the CCG average of 74.5% and the national average of 73.8%
- 98.4% of respondents found it easy to get through to this surgery by phone compared to the CCG average of 74.4% and the national average of 74.4%
- 100% said the last appointment they got was convenient compared to the CCG average of 91.8% and the national average of 91.8%
- 96.4% of respondents found the receptionists at this surgery helpful compared to the CCG average of 88.2% and the national average of 86.9%

We spoke with five patients and a member of the patient participation group (PPG) on the day of our visit. These patients covered a range of ages and population groups. The patients we spoke with were very positive about the care and treatment they received at the practice. They told us they were happy with the service and staff were friendly, efficient, diligent and they had complete trust in the GP.

As part of our inspection process, we asked patients to complete comment cards prior to our inspection. We received 155 CQC comment cards, which was a good reflection on the positivity within the community of Meltham and the surrounding areas. The comment cards were predominantly positive with a very low percentage which was negative. Many comment cards citied patients received excellent care; it was an exemplary and outstanding service and they could not fault it. Common themes from patients were that they felt safe and cared for.

Areas for improvement

Action the service SHOULD take to improve

- Ensure fire risk assessments and fire drills are undertaken.
- Ensure all policies and procedures reflect current practice, such as business continuity, safeguarding and clinical governance.

Dr Michael Pacynko

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 advisor and a practice manager specialist advisor.

Background to Dr Michael Pacynko

Dr Pacynko (also known as Meltham Village) is a small practice situated in the centre of Meltham Village, a semi-rural area on the edge of the Peak District and between the small towns of Holmfirth and Slaithwaite. At the time of our inspection there were 2534 patients on the practice list. We were told the practice is due to become a branch of Elmwood health centre which is located in Holmfirth.

The practice has a PMS (Personal Medical Services) contract and offers enhanced services; for example, various immunisation checks. It also offered and deliver alcohol interventions to patients seeking to reduce alcohol related health risks.

The practice has one male GP and one locum female GP. In addition, there is one female practice nurse and a female healthcare assistant. The clinical team are supported by an office manager/receptionist and a team of experienced administration and reception staff. They also receive additional support from a practice manager at Elmwood Health Centre. The practice is open Monday to Friday 8.00am to 6pm. Appointment times are Monday to Friday 8.30 to 5.00, with the exception on Thursdays when appointments start at 9.00. Extended surgery appointments are available on Wednesdays to 8.00pm. When the practice is closed, out of hours cover for emergencies is provided by Local Care Direct.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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.

Please note 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 CQC at the time.

How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations, such as NHS England and Greater Huddersfield Clinical Commissioning Group (CCG) to share what they knew.

We carried out an announced inspection on the 6 August 2015. During our visit we spoke with a range of staff including the GP, a locum GP, one reception staff and the office manager. We also spoke with five patients who used the service and a representative from the Patient Participation Group (PPG). We observed positive communication and interactions between staff and

Detailed findings

patients; both face to face and on the telephone within the reception area. We reviewed 155 CQC comment cards where patients had shared their views and experiences of the practice. We also reviewed documents relating to the management of the practice.

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available. All complaints received by the practice were entered onto the system and automatically treated as a significant event.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of significant events which had occurred during the last twelve months and saw the system was followed appropriately. The office manager provided us with examples of significant events and actions taken. They told us significant event analysis was discussed at clinical meetings and practice meetings to improve safety. Lessons were shared to make sure action was taken to improve safety in the practice and these were discussed at practice meetings. Minutes we reviewed confirmed this.

National patient safety alerts were disseminated by an electronic system to all staff.

Reliable safety systems and processes including safeguarding

There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. However, the policy did not include who to contact for further guidance if staff had concerns about a patient's welfare. However staff had access to the safeguarding information which included contact details in the consulting and treatment rooms. The office manager was knowledgeable of who to contact if there were any safeguarding concerns and how they worked collaboratively with the appropriate local authorities. There was a lead member of staff for safeguarding. The GP attended regular safeguarding meetings. Staff demonstrated they understood their responsibilities and had received training relevant to their role.

A notice was displayed in the waiting room, advising patients that chaperones were available, if required. Two members of staff had not received a disclosure and barring check (DBS). These 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 office manager and GP confirmed these checks would be undertaken.

Medicines management

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Cleanliness and infection control

Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. CQC comment cards confirmed patients found the practice to be clean and had no concerns about cleanliness or infection control. We were told patient blood samples were taken in the consultation rooms. These rooms were carpeted. We advised the practice to undertake these tests in the treatment room which had hard washable flooring where frequent spillage is anticipated. The practice nurse was the infection prevention and control (IPC) lead. There was an IPC protocol in place and the majority of staff had received up to date training. The practice took part in annual audits and acted on any issues where practical.

The GP described an assessment process they undertook and that they had identified there were no environmental risk factors. However, the practice had not carried out Legionella risk assessments and regular monitoring (legionella is a bacterium which can contaminate water systems). The GP confirmed this would be undertaken as a priority.

Equipment

We saw a record of the Portable Appliance Test (PAT) results which were dated 2010. We did a tour of the premises and found none of the portable electrical equipment had been routinely tested. The sample of equipment we inspected had expired PAT stickers displaying the last testing date and some did not have PAT stickers. We saw evidence the practice had organised for this to be undertaken.

Requires improvement

Are services safe?

We saw evidence of calibration of equipment where required, for example blood pressure measuring devices.

Staffing and recruitment

The practice had a recruitment policy setting out standards it followed when recruiting clinical and non-clinical staff. We looked at three staff files and there was minimal evidence to confirm pre-employment checks were in place in line with the practice policy. For example, references and curriculum vitaes (CV) or application forms. We saw the practice had undertaken identification checks and staff had the appropriate qualifications. The majority of the staff had worked at the practice for a number of years and had not had a recent DBS check. The GP informed us they would arrange for this cohort of staff to have an up to date DBS check.

The GP told us due to the retirement of the practice manager, practice nurse and salaried GP, recruitment was an issue. The practice had support from the practice manager at Elmwood health centre half a day per week. We were informed this did not provide them with adequate support to enable the GP to focus solely on clinical aspects of care. They said they were working under difficult circumstances; however they always ensured patients were a priority and were looked after. The practice is due to merge with Elmwood health centre, which they hoped would alleviate staffing pressures and enable them to access additional resources, such as specialist nurses ..

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included slips and trips, checks of the building and visual display units (VDU). Each risk was assessed, rated and mitigating actions recorded to reduce and manage risk. The health and safety policy outlined the emergency procedure for fire evacuation and staff had signed to say they had read the policy. However, we saw no evidence that fire risk assessments or fire drills were undertaken.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. The majority of staff received annual basic life support training and there were emergency medicines available in the treatment room.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However the plan had not been reviewed for some time.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients with atrial fibrillation.

The practice had registers for patients with long term conditions, such as diabetes, asthma and chronic obstructive pulmonary disease (COPD). The practice also had a register of patients requiring palliative care. Regular meetings to discuss these patients' care needs were held with other appropriate professionals, such as members of the community matron, district nurses and palliative care nurse teams.

Management, monitoring and improving outcomes for people

The most recent data available to us showed the practice had achieved 85.1% of the available QOF points. QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. Information collected for the quality and outcomes framework (QOF) and performance against national screening programmes was used to monitor outcomes for patients. The practice was at or above average for many of the QOF domains, particularly in atrial fibrillation, dementia, heart failure, hypothyroidism and palliative care. In addition, the practice discussed QOF in their meetings and we saw evidence in minutes to support this.

The practice had a system in place for completing clinical audit cycles. We were shown clinical audits which had been completed within the past twelve months. Following each clinical audit, changes to treatment or care had been made where needed and the audit repeated to ensure outcomes for patients had improved.

Patients with mental health conditions and drug management needs were being looked after. However, alcohol intake abstinence was not recoded to allow for continuity of care. The GP acknowledged the importance of this and gave assurances this would be done.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed :

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, policies and procedures and confidentiality.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness.
- The GP was up to date with their yearly appraisal.
- All staff told us they felt very much supported in their role and confident they could raise any issues with the GP. They had annual appraisals where any training needs were identified and confirmed the practice was proactive in supporting or providing relevant training.

We reviewed staff training records and saw staff were up to date with essential training courses, such as annual basic life support and fire safety.

Working with colleagues and other services

The practice worked with other service providers and held regular multi-disciplinary meetings to monitor patients and review patients' needs. We saw minutes identified other health professionals who attended these meetings, for example district nursing staff, community matron, and palliative care nurse teams.

The practice had systems in place to manage information from other services, such as hospitals and out-of-hours services (OOHs). Staff were aware of their responsibilities when processing discharge letters and test results.

Information sharing

The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hour's provider to enable patient data to be shared in a secure and timely manner.

Good

Are services effective?

(for example, treatment is effective)

Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from the hospital, to be saved in the system for future reference.

Electronic systems were in place for making referrals which, in consultation with the patients, could be done through the Choose and Book system. The Choose and Book system is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Patients we spoke with confirmed the clinicians take time to explain care and treatment thoroughly.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A smoking cessation advisor was available on the premises and dietary advice was available from a local practice.

The practice offered NHS Health Checks and annual reviews to all its patients aged 40 to 75 years, patients with a learning disability, chronic disease or mental health problem.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Feedback from patients about their care and treatment was consistently and strongly positive. We observed a patient-centred culture. Staff were motivated and offered kind and compassionate care and worked to overcome obstacles to achieve this. We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on.

We reviewed the most recent data available for the practice on patient satisfaction. This included information form the National Patient Survey (January 2015), where from a survey of 245 questionnaires, 105 (43%) responses were received. Results from the survey were higher than the local and national averages. They showed patients were very happy with how they were treated and that this was with compassion, dignity and respect. This aligned with our findings. For example:

- 96.1% said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 90% and the national average of 88.6%
- 100% of respondents said they had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 96.4% and the national average of 95.3%.
- 93.9% said the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG average of 87.3% and the national average of 85.1%.
- 95.5% said the last nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average of 90.6% and the national average of 90.4%.

We reviewed 155 CQC comment cards patients had completed prior to the inspection. The majority were very positive about their experience of the service. This was a good reflection on the positivity within the community of Meltham and the surrounding areas. A number of comments described the doctor as excellent, genuinely interested, attentive, patient and supportive. Nurses as very friendly and caring and reception staff as cheery, efficient, helpful and courteous. Patients told us all the staff treated them with dignity and respect. They described the service as excellent, exemplary, fantastic and 'there was no better GP in the UK'. Overall patients felt safe and had trust in the staff.

We spoke with five patients and a member of the PPG on the day of inspection. Patients spoke highly of the staff at the practice. They told us they were treated with compassion, dignity and respect whilst they received care and treatment. We observed positive interactions in the reception area and saw staff treated patients with kindness and warmth.

Staff and patients told us all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting and treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted consultation/treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.

Systems were in place to maintain patient's confidentiality. These included taking patients to a private room to continue a private conversation and transferring confidential telephone calls to a private room if a person rang the practice for investigation results.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey we reviewed showed patients responded very positively to questions about their involvement in planning and making decisions about their care and treatment and results were higher than the local and national averages. This aligned with our findings. For example:

- 95.8% say the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 90.1% and the national average of 89.7%.
- 95.1% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 81.5%.
- 91.6% say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 85.4% and the national average of 84.9%.

Good

Are services caring?

The patients we spoke with on the day or our inspection and the CQC comment cards we reviewed told us health issues were always discussed with them in a way they could understand. They felt fully involved in decision making about their care and treatment and any health concerns were dealt with efficiency and kindness. They told us they felt listened to and had enough time during a consultation to make an informed decision about the choice of treatment they wished to receive. They also received health information to support their decision. We also received very positive comments about the nurses and were told the nurses were knowledgeable and supportive. Overall, patients' choices and preferences were valued and acted upon.

The practice worked closely with other health care professionals to ensure housebound patients received the care they needed. The practice also provided services to approximately 20 patients who were resident in local nursing and care homes. The practice had access to other agencies to support the older population, such as Rapid Response, Gateway to Care, Accessible Home Team and the falls prevention service.

Patient/carer support to cope emotionally with care and treatment

We found there was outstanding delivery of care to emotionally support patients. Staff were motivated to offer kind and compassionate care. The GP told us patients were their priority and were always looked after. The patients we spoke to on the day of our inspection and the comment cards we received confirmed this. They told us staff responded compassionately when they needed help and provided support when required. A comment card described how they were treated with care, professionalism and commitment from staff during a bereavement. The GP visited them at home to support them emotionally. The GP told us they would see patients on the same day, even without an appointment, and would undertake home visits on their way home.

The patient survey information we reviewed showed patients were very positive about the emotional support provided by the practice and rated it well in this area. Results from the survey were higher than the local and national averages. This aligned with our findings. For example:

- 99.1% said the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 89.5% and the national average of 86.8%.

The results from the Friends and Family Test, also highlighted patients were supported.

Patients we spoke with on the day of our inspection and the CQC comment cards we received highlighted staff were caring, compassionate and provided support when needed. They told us the GP was kind, sympathetic and met their emotional needs. The GP we spoke with had a good working knowledge of their patients and understanding of their holistic care needs. Staff told us they knew the patients well and had built up a good relationship with them.

The GP displayed dedication and commitment to their patients. The GP spoke passionately about providing good patient care and how they always supported and accommodated patients where possible.

The practice worked collaboratively with local agencies to maintain the physical and social wellbeing needs of vulnerable population groups, such as the homeless and patients with a learning disability. Information about patients' health was provided in a format patients could understand. Carers, advocates or case workers were invited to attend with patients on their appointments to provide additional support.

Notices in the patient waiting rooms informed patients how to access a number of support groups and organisations, such as Carers Direct, Bipolar Disorder, Age UK and stress management workshops. Patients had access to Improving Access to Psychological Therapies (IAPT) service at the practice, to support patients with their emotional needs. The GP told us they were able to signpost carers to local support services and a member of staff was training to become a carer's champion.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice told us they engaged regularly with Greater Huddersfield Clinical Commissioning Group (CCG) and other agencies to discuss the needs of patients and service improvements.

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The practice provided a service for all age and population groups. Registers were maintained of patients who had a long term condition or required palliative care. These patients were discussed at the weekly clinical and monthly multidisciplinary meetings to ensure practitioners responded appropriately to the care needs of those patients. Longer appointments were available for patients who had complex needs.

Tackling inequity and promoting equality

The practice had recognised the needs of the different population groups in the planning of its services. The practice had an electronic system in place which alerted staff to patients with specific needs or who may be at risk. For example, patients who may be living in vulnerable circumstances.

The majority of the practice population were English speaking. There were no services within the practice available for patients who may have a hearing or visual impairment.

The practice was in a large modern purpose built building, which was accessible to patients with mobility difficulties. There were access enabled toilets and baby changing facilities. There was a waiting area with space for wheelchairs and prams.

Access to the service

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey. Results were higher than the local and national average. This indicated patients were very happy with the appointments system at the practice. For example:

- 93% describe their experience of making an appointment as good compared to the CCG average of 74% and the national average of 73.8%.
- 98% found it easy to get through to the practice by telephone compared to the CCG average 74% and the national average of 74.4%.
- 100% said the last appointment they got was convenient compared to the CCG average of 91.8% and the national average of 91.8%%.
- 72.7% usually waited 15 minutes or less after their appointment to be seen compared to the CCG average of 64.5% and the national average of 65.2%.

The practice opening times are Monday to Friday 8am to 6pm. The surgery opening times are Monday to Friday 8.30am to 5pm, with the exception on Thursdays when the surgeries commences at 9am. Extended surgery appointments are available on Wednesdays to 8pm. Same day urgent appointments and pre-bookable appointments were available. Longer appointments were also available for older patients, those experiencing poor mental health, patients with learning disabilities and those with long term conditions. The GP offered home visits to patients with mobility difficulties, long term conditions or ill health. The GP told us they would often undertake home visits after the surgery had closed.

CQC comment cards were very positive and patients commented they could always get a same day appointment. The GP told us they are adaptable and would always see patients on the same day whether it was routine or urgent. We observed a patient without an appointment who was seen straight away by the GP.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information on how to make a complaint was available in the waiting room. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. However, the complaints policy did not outline who the patient should contact if they were unhappy with the outcome of their complaint.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice kept a complaints log for written complaints. We saw that action had been taken in response to complaints.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Our discussions with staff indicated the vision and values were embedded within the culture of the practice and patient safety and being compassionate was a priority. The GP told us they always try and do their best for patients to deliver a good service.

Governance arrangements

The practice had governance arrangements in place. We saw risk assessments and the control measures in place to manage those risks for example, slips, trips and falls and health and safety. There were a range of policies and procedures in use at the practice. We noted the majority of the policies needed reviewing to reflect current practice. Staff told us they attended practice meetings where governance was discussed. We viewed the minutes of the meetings. These were detailed and provided a good audit trail of practice activity and monitoring of services.

A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place. There was a system of continuous audit cycles which demonstrated an improvement on patients' welfare.

The GPs accessed a "protected time" programme to address Continuing Medical Education (CME) needs for appraisal and revalidation. Staff were appraised and had professional development plans.

There was a structure in place to ensure responsibilities of staff were clear. Staff we spoke with told us they felt much supported and were clear about their roles and responsibilities.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. This was evident from discussions with staff and from records we reviewed. Staff told us the GP had an open door policy; they were approachable, supportive and would find time for them.

Staff told us they could openly contribute and discuss how the practice could improve. They told us they felt engaged in the practice, listened to and acted on their ideas and suggestions.

Staff spoke positively about the practice and how they worked collaboratively as a team and with other health professionals in meetings the needs of patients. They told us they were happy and confident to raise any issues and felt their opinions were listened to and valued.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through patient surveys, comment cards and complaints received. The practice sought the views of patients through the Patient Participation Group (PPG) and the friend and family test.

It had a PPG which was in its infancy. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care) The group included representatives from various population groups, for example older people, people with long term conditions and people experiencing poor mental health (including people living with dementia).The PPG had carried out an annual survey. We saw the analysis of the last patient survey, which overall was very positive.

Management lead through learning and improvement

Staff told us annual appraisals took place, which included a personal development plan. This was evidenced in the staff files we looked at.

The practice used complaints, audits and significant events and other incidents and shared the information at staff meetings to ensure the practice improved outcomes for patients. The practice meetings we viewed evidenced this.