

Rastrick Health Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rastrick Health Centre on 5 April 2016. Overall the practice is rated as good.

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

- We saw evidence of an open and transparent approach to safety and an effective system was 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 the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they felt respected by the practice staff, that they were treated with compassion, dignity and respect. They told us they felt involved in their care and decisions about their treatment.

- Clear guidance about how to complain was displayed in the practice and on the website. Services provided by the practice were clearly displayed in the practice leaflet and on the website.
- Patients said they usually found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice was clean and well maintained. Facilities provided were appropriate to meet the needs of their patients.
- Staff described a clear leadership structure and told us they felt supported by management and the GP partners.
- The practice had a recently established Patient Reference Group (PRG) and were working closely with patients to respond to patient feedback.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- We saw evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to monitor risk, assess changing needs and deliver appropriate treatment for those patients with more complex needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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.

Summary of findings

- We observed that information about local services was displayed in the public areas of the practice building, and that several information leaflets were available for patients to take away.
- We saw that staff treated patients with kindness and respect. Patient confidentiality was maintained.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Calderdale Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice participated in the local clinical engagement scheme and had led on the development of a new pathway referral system for patients needing pulmonary rehabilitation services.
- Patients said they usually found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- The practice had recently recruited two new GP partners to the team, and were in the process of establishing clear areas of responsibility and accountability, and staff were aware of these.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular staff meetings.
- The practice held quarterly significant events and complaints review meetings. Lessons learned were disseminated to all staff.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Summary of findings

openness and honesty. The practice had systems in place for knowing about 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, and acted upon this feedback when possible. The patient reference group had been recently formed, and at the time of our visit was in the process of being embedded and developed.
- Staff at all levels were encouraged to develop and progress, and we saw evidence to support this.

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 had identified 25% of their practice population as being in the over 65 year age group. They offered proactive, personalised care to meet the needs of these people.
- The practice offered home visits for housebound or very sick patients.
- Those patients who had been identified as at risk of unplanned admission to hospital had access to a dedicated telephone line which provided priority access to GP advice or appointments.
- The practice provided medical support for five local nursing homes and one warden controlled facility. Before the inspection we sought feedback from one local nursing home and were told that the standard of care provided by the practice was very good.
- The practice provided data which showed that 75% of eligible patients had received the over 75 health check in the preceding nine months.

People with long term conditions

Good



The practice is rated as good for the care of people with longterm conditions.

- Nursing staff had lead roles in chronic disease management. Patients who had been identified as having a long term condition were offered structured annual health and medication reviews.
- Patients who had been identified at risk of unplanned admission to hospital were provided with a dedicated telephone number to allow them to access the practice more easily for advice or for a priority appointment.
- 84% of patients with diabetes, on the register had a cholesterol recording which was within normal limits completed in the preceding 12 months, compared to 81% nationally.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP. 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.

Summary of findings

- The practice provided a level three diabetes service. This enabled staff to manage stable insulin dependent patients within the primary care setting. Access to podiatry services was available at the same time as diabetic clinic appointments.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Health visitors were co-located in the practice building. A weekly baby clinic was held on site. GPs and practice staff described good working relationships and clear lines of communication with health visitors to discuss families with additional needs.
- 83% of patients with asthma, on the register had completed an asthma review in the preceding 12 months compared to 75% nationally.
- Practice staff 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. Baby changing and breast feeding facilities were available.
- Midwifery services were located a short distance away from the practice. Staff described how liaison occurred when necessary to support pregnant women, new mothers and their families

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online access to make and cancel appointments, and for repeat medication requests. The

Good



Summary of findings

practice provided data which showed that 15% of their patients had registered for this service. Text reminders were sent to advise of appointment times or changes to appointment details.

- University students returning home during holidays were able to register as temporary patients to receive care and treatment from the practice.
- 84% of eligible women had a cervical screening test completed in the preceding five years compared to 82% nationally.
- The practice provided data which showed that 61% of eligible patients had received an NHS 40 to 74 year check in the preceding year, which is the same as the CCG average.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice routinely worked with multidisciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients how to access various support groups and voluntary organisations, such as Calderdale Carers' Project.
- The practice had identified less than 1% of their patients as carers.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months, which is better than the national average of 84%
- 100% of patients with schizophrenia or other psychoses had their alcohol consumption recorded in the preceding 12 months compared to the national average of 90%.

Good



Summary of findings

- The practice routinely worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice gave patients experiencing poor mental health information about how to access various support groups and voluntary organisations.
- The practice hosted a counselling service provided by local mental health services which was available to patients other than those registered with the practice.
- All accident and emergency attendances were reviewed on a daily basis. Where patients who may have been experiencing poor mental health had attended these were followed up by the practice.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Dementia screening tools were used to help identify patients at risk of developing dementia

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. There were 232 survey forms distributed and 121 were returned. This represents 52% of the surveyed population and 3% of the practice population as a whole.

- 96% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 96% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 98% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).

- 90% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received. Staff were described as friendly and professional, and the practice premises were described as pleasant, clean and tidy.

We spoke with four patients during the inspection. All of these patients said they were very happy with the care they received and thought staff were approachable, committed and caring. Some people commented that the recent use of locums had been disruptive, and that they were glad that two new GP partners had begun to work at the practice.

Rastrick Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and a practice manager specialist adviser.

Background to Rastrick Health Centre

Rastrick Health Centre is situated in Brighouse, Calderdale HD6 3NA. There are currently 4,652 patients on the practice list. The majority (95%) of the patients are of white British origin. The practice provides General Medical Services (GMS) under a contract with NHS England. They offer a range of enhanced services such as minor surgery and early diagnosis and support for people with dementia.

The practice has three GP partners, two of whom are male and one female. There is one female advanced nurse practitioner (ANP), a female practice nurse and two female health care assistants. The clinical team is supported by a practice manager and a range of administrative, secretarial and reception staff.

The practice catchment area is classed as being within the fifth less deprived decile of practice populations in England.

The practice profile shows a significantly higher than average proportion of patients between the ages of 45 and 79 years. The practice had identified 25% of their patients as being aged 65 or older.

The practice is open between 8.30am and 6.30pm Monday to Friday. The practice does not offer extended opening hours.

Weekly clinics are held which include asthma, diabetes, healthy heart and child immunisation clinics.

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

Why we carried out this inspection

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

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

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 Calderdale 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 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 one of the five nursing homes which the practice has input into. During our visit we:

Detailed findings

- Spoke with a range of staff including three GPs, the ANP, practice manager, clinical administrator, two receptionists and one secretary.
- We also spoke with the district nursing sister who was attached to and based in the practice.
- In addition we spoke with four patients on the day of the inspection. Following the inspection we spoke with one member of the patient reference group (PRG) over the telephone.
- 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.
- 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient receiving end of life care had been uncertain how to access medical support out of normal working hours. The practice policy was updated to ensure that all such patients were given clear written information about out of hours contact numbers as well as the dedicated emergency line to the practice to be used during working hours.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs provided reports where necessary for child protection conferences. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had

received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- 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 infection prevention and control teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Six monthly IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were appropriate (this included obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were robust systems in place to monitor their use. The practice nurse was also a nurse prescriber. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were systems in place to ensure results were received for all samples sent for the cervical screening and other screening tests. The practice followed up all patients whose test results were abnormal.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. Staff received training in health and safety matters as part of their induction programme. All staff were issued with a pocket card 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 term for 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 that enough staff were on duty.

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. The practice also carried out scenario training to add to the authenticity of training. Emergency medicines were 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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, with 7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than CCG and national averages. For example 84% of patients with diabetes, on the register, had a cholesterol recording completed within the preceding 12 months which was within normal limits compared to the CCG and national averages of 81%.
- The percentage of patients with hypertension having regular blood pressure tests was 93% which was better than CCG and national averages of 84%.
- Performance for mental health related indicators was better than CCG and national averages. For example

100% of patients with schizophrenia or other psychoses had a recorded alcohol consumption completed in the preceding 12 months compared to the CCG average of 91% and national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included standardising diagnosis and treatment protocols for urinary tract infection (UTI).

Information about patients' outcomes was used to make improvements such as streamlining antibiotic prescribing patterns for patients with sore throats.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long term conditions., Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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

Are services effective?

(for example, treatment is effective)

during sessions, appraisals, mentoring, clinical supervision; and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to assess the needs and plan care for those people with more complex needs. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multidisciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated. The practice had developed a 'traffic light' system which enabled them to identify patients at higher risk to prioritise their care planning.

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

competence. 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.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Smoking cessation and weight management services were available locally. Patients could be signposted to the 'One Stop Shop' to access additional services such as social care, occupational therapy, physiotherapy or help with adaptations to their home.
- Counselling services were available in house which were provided by local mental health services. Patients from other surgeries were also able to access this service.

The practice's uptake for the cervical screening programme was 84%, which was the same as the CCG average and higher than the national average of 82%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test. The practice 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. The practice identified those patients who had failed to attend for these screenings and sent a letter direct from the practice advising of the importance of these screening programmes, and encouraging them to attend.

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 97% to 100% and five year olds at 98%.

Are services effective?

(for example, treatment is effective)

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

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

Are services caring?

Our findings

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 take them to an area away from the main waiting area to discuss their needs.

All of the six 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 one member of the patient reference group by telephone following the inspection, who also told us they were satisfied with the care provided by the practice. 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:

- 93% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 94% said the GP gave them enough time (CCG average 89%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 90% said they found the receptionists at the practice helpful (CCG and national average 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 on the comment cards we received was also positive and aligned with these views.

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 in line with local and national averages. For example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care (CCG average 84% and national average 82%).
- 95% said the last nurse they saw was good at involving them in decisions about their care (CCG and national average 85%).

Although the number of patients who did not have English as a first language was very small, staff told us that telephone interpreter services were available for this group of patients.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified less than 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. This included Calderdale Carers' Project.

Are services caring?

Staff told us that patients at the end of their lives were treated by their named GP. When families experienced bereavement they were contacted by telephone and a home visit was offered. They were also signposted to local counselling services if appropriate.

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 Calderdale Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example podiatry clinics were set up to run alongside diabetic clinics to enable patients to access both services on one appointment in many cases.

- The practice did not offer extended opening hours. However they were able to accommodate working age patients by offering appointments at 8am or after 5.30pm when appropriate.
- Longer (25 minute) appointments were available for patients with a learning disability or those with more complex needs.
- The practice provided home visits to housebound or very sick patients. There was a high demand for home visits, with an average of three home visits being offered every day.
- Same day appointments were available for children and those with serious medical conditions.
- The practice was housed in a single storey building, and was well equipped to meet the needs of patients with mobility difficulties or those who used a wheelchair.

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 in advance, urgent appointments were available on the day for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 96% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 81% patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 59%).

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.

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

We looked at two complaints received in the last 12 months and found they had been satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints an action was taken as a result to improve quality of care. For example, a patient who was approaching the end of their life was unsure how to access medical support both during and out of normal working hours. As a result the practice adapted their palliative care policy to ensure that patient care plans contained names and contact numbers to contact for assistance at any time. These care plans were held by the patient and their family, in their home.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was to provide a high quality primary care service delivered in a caring manner responsive to the needs of service users. Staff we spoke with understood and aligned with these principles
- The practice had an effective strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had several practice 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
- A comprehensive understanding of the performance of the practice was maintained
- Clinical and internal audits were carried out, such as capacity and demand audits for appointment access. This enabled the practice to monitor quality of care and identify areas for improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The preceding 12 months had been very challenging for the practice as the lead GP had retired, which had meant the practice had made use of locum GPs for a period to meet patient need. At the time of our visit two new partners had recently been appointed to complete the medical team. We saw that an information poster had been

placed in the waiting area of the practice introducing the new GPs and giving a brief professional and personal profile. Staff told us the GP team was visible in the practice and they felt they were approachable and supportive

The provider was aware of and complied 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 encouraged a culture of openness and honesty. Staff told us they felt part of a great team with good communication methods.

The practice had systems in place for recognising and dealing with notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- 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 reference group (PRG) and through surveys and complaints received. There was a PRG which met regularly and was in the process of developing systems to obtain feedback from patients

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which would then be shared with the practice management team. For example, the PRG had identified that the road surface outside the practice was creating access difficulties for some older patients and were liaising with the local authority to secure improvements to the road safety arrangements.

- The practice had gathered feedback from staff through staff meetings and informally on a one to one basis. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt engaged and respected as part of the practice team.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. They had taken the lead within their GP cluster of practices in establishing a new pathway referral system for pulmonary rehabilitation. One of the partners hoped to become a GP trainer, and another partner planned to increase the contraception services offered to patients, to include fitting of intra-uterine contraceptive (IUCD) devices and contraceptive implants.