Drs SL Nicholls, S M Nicholl, HL Hughes, & Ninan - St John's House

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs SL Nicholls, S M Nicholl, HL Hughes, & Ninan - St John's House on 18 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Improvements had been made to the premises which included increasing the number of clinical rooms, new flooring, improved facilities for staff and providing a range of seating in the waiting area for patients with limited mobility.
- The practice sought to increase the services available to patients by signing up to enhanced services. For example, the care co-ordinator pilot, 24 hour blood pressure monitoring, minor surgery and electrocardiograms (ECGs).

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review the support and training provided for the infection control lead to help them to carry out their role effectively.
- Review the arrangements for the laundering of curtains in clinical areas in accordance with the current guidelines.
- The practice should review the clinical staff who are invited to attend the weekly informal clinical meetings held at the practice.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. Staff demonstrated that they understood the incident reporting process and the importance of reporting incidents.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The temperature of the vaccine fridges was checked and recorded daily and we saw that vaccines were stored appropriately. Staff who were responsible for monitoring the temperature of the vaccine fridges had received training.
- A practice nurse had been identified as the Infection Prevention and Control (IPC) clinical lead. They had not received infection control enhanced training to help them to identify and resolve minor issues that we observed. For example, having a procedure in place for the regular decontamination of curtains in clinical rooms, removing unnecessary signs and posters from clinical rooms and checking that sharps bins were correctly labelled.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. For example, we saw evidence that the practice had taken prompt action in response to risk assessments and checks. For example, the fuse box was replaced to meet electrical safety regulations.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For example, 90% of patients with diabetes, on the register, had a record of a foot examination and risk classification within the preceding 12 months (CCG average 89%, national average 88%).

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance. GPs and nurses worked together and with other health professionals to plan and deliver care for patients. Staff showed us how they delivered care and provided patients with information to manage their own condition.
- Patients at risk of hospital admission but not under the care of the community matron were referred to the CCG care co-ordinators. The practice worked with and referred patients to a care co-ordinator who helped patients to manage their health and liaised with NHS and social care services to ensure patients were supported.
- Childhood immunisations were carried out by a local community provider. The practice hosted immunisation clinics on Wednesdays mornings. Appointments were arranged by the Child Health Service.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Nurses gave alcohol advice to patients in need of this. They used AUDIT-C which is a recognised screening tool that can help identify persons who are hazardous drinkers or have active alcohol use disorders.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- Two members of staff were identified as carers' champions who attended events at a local carer support organisation. There was a dedicated notice board for carers in the waiting area encouraging patients to inform the practice if they had or were a carer.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

- The practice had reviewed privacy in the waiting area. Chairs were moved away from the reception desk to improve confidentiality.
- The practice signposted patients to community groups and support networks. For example, the local food bank, a support group for patients with Parkinson's disease and their carers and drop in coffee mornings.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the care co-ordinator pilot, electrocardiograms (ECGs), 24 hour blood pressure monitoring and minor surgery. (An ECG is a simple test that can be used to check your heart's rhythm and electrical activity).
- The practice hosted services which included midwifery clinics, an ear nose and throat clinic and childhood immunisation clinics.
- People told us on the day of the inspection that it was sometimes difficult to arrange an appointment with a GP but they were aware of the open access clinics. The practice had an action plan to recruit a nurse practitioner. 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. Improvements had been made to the premises which included increasing the number of clinical rooms, new flooring, improved facilities for staff and providing a range of seating in the waiting area for patients with limited mobility.
- The practice offered extended hours clinics every weekday morning from 7.30am for working patients who could not attend during normal opening hours.
- 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?

Good

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

Summary of findings

- 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 it.
- The practice was one of a group of 11 practices that submitted proposals to the NHS Estates and Technology Transformation Fund to transform care for 90,000 patients in Cleckheaton, Heckmondwike, Mirfield, Dewsbury and Ravensthorpe localities in North Kirklees.
- The practice sought to increase the services available to patients by signing up to enhanced services. For example, dementia screening, avoiding unplanned hospital admissions, alcohol screening and contraceptive implants.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice showed us plans to increase the clinical team that included the future provision of a male GP to reflect the identified needs of the patient population.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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 offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Annual flu, pneumonia and shingles vaccinations were offered to patients over the age of 70 and those in defined risk groups.
- The practice worked closely with other health and social care professionals, such as the district nursing team, to ensure housebound patients received the care and support they needed.
- Data showed that uptake rates for screening were higher than local and national averages. For example, 62% of patients aged 60 to 69 were screened for bowel cancer in preceding 30 months (CCG average 55%, national average 58%).

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. A GP was able to initiate diabetic treatment. Data showed that 90% of patients with diabetes, on the register, had a record of a foot examination and risk classification within the preceding 12 months (CCG average 89%, national average 88%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients at risk of hospital admission but not under the care of the community matron were referred to the CCG care

Summary of findings

co-ordinators. The practice worked with and referred patients to a care co-ordinator who helped patients to manage their health and liaised with NHS and social care services to ensure patients were supported.
- Housebound patients with long term conditions were jointly managed by practice staff and the district nursing team.
- Patients at risk of unplanned hospital admission were reviewed and offered priority access.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisations were carried out by a local community provider. The practice hosted immunisation clinics on Wednesdays mornings. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 86%, which was better than the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice reserved urgent appointments for children after school.
- The practice provided family planning and contraceptive services which included the fitting of contraceptive implants.
- The practice offered six week baby checks and hosted weekly midwifery clinics.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Summary of findings

- The practice offered extended hours clinics every weekday morning from 7.30am for working patients who could not attend during normal opening hours.
- The practice website included online registration forms, online prescription ordering and self-help guides for a number of common ailments.
- The practice offered open access appointments every morning in response to patient feedback. Telephone consultations were also available for people that needed them.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Students were encouraged to attend for immunisations as appropriate.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Patients with learning disabilities were offered an annual health check. The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice liaised with local drug and alcohol services to support patients.
- 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.

People experiencing poor mental health (including people with dementia)

Good

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

- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- Performance for mental health related indicators was better than the national average. Data showed that 96% of patients

with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months (CCG average 89%, national average 88%).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. Staff liaised with local mental health support organisations in the care of patients.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had received additional 'Dementia Friends' training. They had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The latest results from the national GP patient survey were published in July 2016. The results showed the practice was performing in line with, or in some cases slightly below, local and national averages. 234 survey forms were distributed and 113 were returned giving a response rate of 48% which was higher than the national response rate of 38%. This represented under 2% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

The practice had reviewed the results of the national GP survey and feedback from the patient participation group. They created an action plan to improve access for patients and renovate the premises. Additional clinical staff were employed and the use of clinical time was reviewed in response to ensure that routine appointments were not booked into open access sessions.

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. Comments included that staff were respectful and two patients gave examples of where named members of staff had helped and supported them through illness and treatment. One card from a healthcare professional described how staff had helped arrange an urgent prescription just before a bank holiday closure.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two patients told us that it was sometimes difficult to make appointments with a GP but they were aware of the open access clinics where people could arrive without an appointment and wait to be seen.

Areas for improvement

Action the service SHOULD take to improve
The areas where the provider should make improvement are:

- Review the support and training provided for the infection control lead to help them to carry out their role effectively.
- Review the arrangements for the laundering of curtains in clinical areas in accordance with the current guidelines.
- The practice should review the clinical staff who are invited to attend the weekly informal clinical meetings held at the practice.

Drs SL Nicholls, S M Nicholl, HL Hughes, & Ninan - St John's House

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 nurse specialist adviser.

Background to Drs SL Nicholls, S M Nicholl, HL Hughes, & Ninan - St John's House

Drs SL Nicholls, S M Nicholl, HL Hughes, & Ninan - St John's House provides primary care for 7409 patients in Cleckheaton, Scholes, Hightown and Liversedge under a personal medical services (PMS) contract.

The surgery is located in a modern building at St John's House, Cross Church Street, Cleckheaton

BD19 3RQ close to the town centre of Cleckheaton with extensive free public parking available.

The practice provides locally enhanced services to its patients including minor surgery. They also host midwifery and ear, nose and throat clinics.

The area is on the sixth decile on the scale of deprivation. Fifty per cent of patients have a long-standing health condition (national average 54%). Unemployment is 6% which is slightly higher than the national average of 5%.

- There are three GP partners and one salaried GP all of whom are female. There are two female practice nurses and a female phlebotomist. The clinical team is supported by a team of administrative staff. There are plans to increase the clinical team that includes the future provision of a male GP to reflect the identified needs of the patient population.
- The practice is open between 7.30am and 6pm Monday to Friday. Appointments are available during these times.
- Extended hours appointments with GPs and practice nurses are offered from 7.30am every weekday.
- From 6pm to 6.30pm and when the practice is closed calls are transferred to the NHS 111 service who will triage the call and pass the details to Local Care Direct who is the out of hours provider for North Kirklees.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and North Kirklees CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2016). QOF is a voluntary incentive scheme for GP practices in the UK, which financially rewards practices for the management of some of the most common long term conditions.

During our visit we:

- Reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.
- Reviewed questionnaire sheets which were given to administration staff prior to inspection.
- Spoke with a range of staff including GPs, practice nurses and administrative staff and spoke with patients who used the service.
- Observed how staff interacted with patients and carers in the reception and waiting areas.
- 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.

Good

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 recording forms were available to staff. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff demonstrated that they understood the incident reporting process and the importance of reporting incidents.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and reviewed them annually to identify themes and trends.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice improved documentation to record why specific tests had been requested in response to an incident.

There was a system to receive and distribute patient safety alerts. We saw evidence that the practice took the appropriate action in response to these. For example, an alert was received the day before the inspection relating to diabetic insulin pumps. The alert was discussed with the practice nurses to ensure that patients were not affected.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Flowcharts for safeguarding and domestic abuse were available in the staff room and in clinical rooms and safeguarding awareness posters were displayed in the waiting room. The practice had carried out a safeguarding self-assessment to ensure they met safeguarding standards. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three. Administrative staff were trained to level one.
- Notices in the waiting room and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). A list of staff that were trained to chaperone was available to clinicians in the practice.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Hand hygiene and waste segregation notices were displayed in clinical rooms for staff. The previous infection prevention and control (IPC) lead had left the practice and a practice nurse had been identified as the IPC clinical lead. They had not received infection control lead training to help them to identify and resolve minor issues that we observed. For example, having a procedure in place for the regular decontamination of curtains in clinical rooms, removing unnecessary signs and posters from clinical rooms and checking that sharps bins were correctly labelled. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The last one was undertaken in June 2016 and we saw evidence that action was taken to address any improvements identified as a result. Hand sanitiser was provided throughout the practice, including in the patient accessible areas.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe

(including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

- The temperature of the vaccine fridges was checked and recorded daily and we saw that vaccines were stored appropriately. Staff who were the responsible for monitoring the temperature of the vaccine fridges had received appropriate training.
- We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills and weekly testing of the fire alarm system. All staff had received fire safety training and two members of staff were identified and trained as fire marshals. 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). We saw evidence that the practice had taken prompt action in response to risk assessments and checks. For example, the fuse box was replaced to meet electrical safety regulations.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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 and defibrillator training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There was a system to check the emergency kit regularly. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had followed the continuity plan after a recent break-in at the surgery. The plans were found to be effective.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, 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 showed the practice had achieved 99% of the total number of points available with 8% exception reporting (CCG and national average 9%). 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. GPs and nurses worked together and with other health professionals to plan and deliver care for patients. Staff showed us how they delivered care and provided patients with information to manage their own conditions.

Data from 2014/15 showed:

- Performance for asthma related indicators was similar to the national average. Nine per cent of the patient list were diagnosed with asthma which was higher than the local and national prevalence rates of 7% and 6% respectively. Data showed that 76% of patients with asthma, on the register, had an asthma review in the preceding 12 months that includes an assessment of asthma control (CCG average 79%, national average 75%).
- Performance for diabetes related indicators was similar to the national average. A GP was able to initiate diabetic treatment. Data showed that 90% of patients with diabetes, on the register, had a record of a foot examination and risk classification within the preceding 12 months (CCG average 89%, national average 88%. 100% of patients newly diagnosed with diabetes, on the register, in the preceding 12 months had a record of being referred to a structured education programme within nine months after entry on to the diabetes register with an exception rate of 84% (CCG average 39%, national average 27%). Patients preferred to attend the practice for diabetic care and advice.
- Performance for hypertension related indicators was similar to the national average. Eighteen per cent of the patient list were diagnosed with hypertension which was higher than the local and national prevalence rates of 15% and 14% respectively. Data showed the last blood pressure reading for patients in the preceding 12 months was within normal parameters for 86% of patients with hypertension (CCG average 85%, national average 84%).
- Performance for mental health related indicators was better than the national average. Data showed that 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months (CCG average 89%, national average 88%).

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, and two which were mid cycle and were due to be repeated in 2017. The practice also audited the minor surgery service.
- The practice participated in local audits, national benchmarking, accreditation, peer review and CCG organised learning events.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing patients taking anticoagulant medicine and adjusting the dosage where necessary according to new guidelines.
- A GP conducted an audit to determine if intra-articular joint injections in surgery had any impact on referral to orthopaedics for joint replacement. A comparison was made between GPs for referrals to orthopaedics. The

Good

Are services effective?

(for example, treatment is effective)

auditor's referral rate was five compared to the other partners who averaged eleven each in the same period. A re-audit of referral rates in 2015 showed a reduction in overall referrals to orthopaedics.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Reception staff had also received customer service training.
- The practice had recently completed a study of staff roles and responsibilities. They introduced a new way of working to ensure that staff could perform different duties to ensure the continuity of services.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Patients at risk of hospital admission but not under the care of the community matron were referred to the CCG care co-ordinators. The practice worked with and referred patients to a care co-ordinator who helped patients to manage their health and liaised with NHS and social care services to ensure patients were supported.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

Good

Are services effective?

(for example, treatment is effective)

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was also available from a local support group. Data showed that 87% of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months which was equal to the local and national averages.
- Nurses provided alcohol advice. They used AUDIT-C which is a recognised screening tool that can help identify persons who are hazardous drinkers or have active alcohol use disorders.
- The practice liaised with local drug and alcohol services to support patients.

The practice's uptake for the cervical screening programme was 86%, which was better than the CCG and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake rates for screening were higher than local and national averages. For example, 62% of patients aged 60 to 69 were screened for bowel cancer in preceding 30 months (CCG average 55%, national average 58%).

Childhood immunisations were carried out by a local community provider. The practice hosted immunisation clinics on Wednesdays mornings. Appointments were arranged by the Child Health Service. Immunisation rates for the vaccinations given were comparable to national averages of 94%. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 99% and five year olds from 97% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 which included blood pressure, weight and blood cholesterol tests, diabetes screening, liver, kidney, anaemia and thyroid screening. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice had reviewed privacy in the waiting area. Chairs were moved away from the reception desk to improve confidentiality.

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

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

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

We discussed some of the lower than average patient satisfaction scores with staff from the practice. They told us that a nurse practitioner had left the practice which impacted on patient care and access. The practice was in the process of recruiting a replacement. There were plans to increase the clinical team to reflect the identified needs of the patient population.

Care planning and involvement in decisions about care and treatment

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

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

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

Good

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- A wide range of information leaflets were available and practice information was available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 85 patients as carers (1% of the practice list). Two members of staff were identified as carer's champions who attended events at a local carer support organisation. There was a dedicated notice board for carers in the waiting area encouraging patients to inform the practice if they had or were a carer with written information was available to direct carers to the various avenues of support available to them. The practice signposted patients to community groups and support networks. For example, the local food bank, a support group for patients with Parkinson's disease and their carers and drop in coffee mornings.

Staff told us that if families had experienced bereavement, their usual GP contacted them or offered a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice reviewed the availability of enhanced services and provided these in line with the CCG 'care closer to home' policy. For example, the care co-ordinator pilot, 24 hour blood pressure monitoring, minor surgery and electrocardiograms (ECGs). An ECG is a simple test that can be used to check your heart's rhythm and electrical activity. In addition, the practice hosted services which included midwifery clinics, an ear nose and throat clinic and childhood immunisation clinics.

- The practice offered extended hours clinics every weekday morning from 7.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day and after school appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and interpretation services available including for patients who were hearing impaired.
- The practice website included online registration forms, online prescription ordering and self-help guides for a number of common ailments.
- Improvements had been made to the premises which included increasing the number of clinical rooms, new flooring, improved facilities for staff and providing a range of seating in the waiting area for patients with limited mobility.

Access to the service

The practice is open between 7.30am and 6pm Monday to Friday. Appointments are available during these times. Extended hours appointments with GPs and practice nurses are offered from 7.30am every weekday.

The practice offered open access appointments every morning in response to patient feedback. Clinicians were able to book appointments during the open access sessions where necessary. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments and telephone consultations were also available for people that needed them and the practice reserved urgent appointments for children after school.

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.

- 68% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that it was sometimes difficult to arrange an appointment with a GP but they were aware of the open access clinics. The practice had an action plan to recruit a nurse practitioner and ensure the correct use of the open access clinics. The practice had signed up to a new primary care quality access scheme for 2016 to 2018 which aimed to improve access for patients and improve medicines management.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Clinical staff spoke to the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. Two patients told us that they had needed to arrange home visits and found that these were easy to arrange.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

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 in the waiting room and on the practice website to help patients understand the complaints system.

We looked at 11 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and that there was openness and transparency in dealing with the complaint. We saw that letters of apology were sent to patients and meetings arranged where appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, additional training for staff or reviewing guidelines.

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 patient charter which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- There were plans to increase the clinical team that included the future provision of a male GP to reflect the identified needs of the patient population.
- The practice sought to increase the services available to patients by signing up to enhanced services. For example, dementia screening, avoiding unplanned hospital admissions, alcohol screening and contraceptive implants.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had carried out a review of staff duties and staff were encouraged to learn different roles to ensure staff engagement and continuity.
- Practice specific policies were implemented, reviewed regularly and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and staff had lead roles.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were well documented arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice manager maintained a log of staff training. All staff were supported to complete mandatory training and encouraged to identify and complete additional training.

Leadership and culture

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

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- Staff discussed and reflected upon their actions after complaints and incidents.

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

- Staff told us the practice held regular team meetings.
- The practice manager attended meetings with other local practice managers to discuss and share best practice. The practice manager and GPs also attended cluster meetings with other local GP practices in Heckmondwike and Cleckheaton.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted that the team attended an annual team building weekend away.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Several staff members had been employed by the practice for many years.
- Staff were actively encouraged by the practice to attend CCG and in house learning events.

Are services well-led?

Good

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

- The practice manager met informally with GPs every Friday. At the time of the inspection, practice nurses were not included in these meetings.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, use of the open access clinic. The PPG members told us that the practice manager communicated regularly with members between meetings.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a 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. The practice was one of a group of 11 practices that submitted proposals to the NHS Estates and Technology Transformation Fund to transform care for 90,000 patients in Cleckheaton, Heckmondwike, Mirfield, Dewsbury and Ravensthorpe localities in North Kirklees. There was strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences.