

Whitehouse Centre GP Practice

Quality Report

23a New North Parade
Huddersfield
HD1 5JU

Tel: 01484 301911

Website: thewhitehousecentre.co.uk

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

Ratings

Overall rating for this service	Outstanding	☆
Are services safe?	Good	●
Are services effective?	Outstanding	☆
Are services caring?	Good	●
Are services responsive to people's needs?	Outstanding	☆
Are services well-led?	Outstanding	☆

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 The Whitehouse Centre on 26 May 2016. Overall the practice is rated as outstanding. The practice provides services for patients who find it difficult to access mainstream services because of complex circumstances. Patients are mainly asylum seekers, homeless or living in emergency accommodation.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, developing effective and responsive shared care treatment pathways for patients receiving treatment for substance misuse.
- Feedback from patients about their care was consistently positive.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, in the anticipation of high levels of asylum seekers entering the district, the provider had developed a standard operating procedure. This was to ensure the safe dispersal of patients into mainstream services after an annual review, with safeguards to retain patients on the list if indicated.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. For example, providing flexible appointment access for clearly identified and risk assessed patients who were unable to attend fixed appointment slots due to their complex psychological or physical difficulties.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.

Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The provider was aware of and complied with the requirements of the duty of candour.
- Clinical meetings were held on a daily basis, ensuring that all staff were kept informed of patients' needs, clinical decision making and operational issues that might impact on patient care. This approach encouraged the sharing of expertise and promoted a strong sense of teamwork.
- The practice ethos was underpinned by compassion that extended to providing social assistance for the homeless, such as food parcels, clothing and discretionary funding to provide taxis for those that would otherwise be unable to access services.

We saw a number of areas of outstanding practice:

- New adult patients were screened for their exposure to trauma including post traumatic stress disorder (PTSD) and its impact on mental health. The clinical team had expertise in identifying victims of torture and had developed a clinical template to aid assessment and a suitable treatment plan.

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



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice undertook a daily clinical and operational briefing to ensure that all relevant staff were aware of any issues that might affect patient care.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- Policies around safeguarding, infection prevention and control were implemented throughout the practice with strong governance within the corporate structure, to ensure high standards were maintained.

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data showed that the practice was performing well when compared to practices working with similar patient populations.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.
- We saw evidence of completed clinical audits which contributed to improved delivery of care and services for patients. One of the most recent audits had a wider impact, as it was contributing to national understanding of the prevalence of trauma experienced by asylum seekers and refugees seeking primary care services.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services and we observed a strong patient-centred culture:

- We observed all staff at the practice treated people with courtesy and respect both on the telephone and in the reception area.
- We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on.
- Views of external stakeholders were very positive and aligned with our findings.

Good



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, in developing a sustainable model of care that allowed the practice to continue to accept new patients whilst directing existing patients into mainstream primary care services.
- There were innovative approaches to providing integrated patient centred care. For example, the provision of shared care for patients who were seeking treatment for substance misuse and mental health problems.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, increasing the clinical staff team and offering more flexible appointments.
- Patients could access appointments and services in a way and at a time that suited them. This included having direct telephone access to clinicians outside of routine opening times and appointments being made available for the most vulnerable.
- The practice had appropriate facilities and was well equipped to treat patients and meet their needs, benefiting from a highly skilled team, expert in the assessment of victims of torture and those experiencing PTSD.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to

Outstanding



Summary of findings

achieving this. For example, we observed a vulnerable patient who presented at the surgery without an appointment being offered an immediate consultation with a GP. The patient was treated for their medical problem and opportunistically screened for other health issues.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- 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.

Outstanding



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. The patient population for this practice had less than ten older people, who were known to all the staff.
- The practice was responsive to the needs of these older people as they were at high risk of social isolation and lacked family support. For example, any missed appointments were followed up by a welfare check.

Outstanding



People with long term conditions

The practice is rated as outstanding 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.
- Patients seeking treatment for substance misuse were supported through comprehensive and effective shared care arrangements with a lead GP and specialist workers.
- Longer appointments 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.

Outstanding



Families, children and young people

The practice is rated as outstanding 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.
- Immunisations were offered to new patients in line with World Health Organisation guidelines. Patients, including children, were also routinely screened for vitamin D deficiency and treated accordingly.

Outstanding



Summary of findings

- 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.
- There was a high recognition of the needs of young carers and children were actively discouraged from acting as interpreters for family members. We saw evidence of good working relationships with other health and social care professionals to support the needs of young carers.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

- The majority of the patient population found obtaining and sustaining paid employment highly challenging, due to the nature of their complex health and social needs.
- Those patients who were in employment were actively supported by the practice.
- The practice had a policy of issuing short term fit notes, in order to regularly review patients and provide opportunistic care as needed.
- 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.

Outstanding



People whose circumstances may make them vulnerable

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

- 75% of the patient population were asylum seekers or refugees and the practice had extensive skills to identify and support the needs of this group.
- The practice held a number of registers to identify and support patients living in vulnerable circumstances. These included homeless people, ex-offenders, dangerous patients and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability or interpretation needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice actively supported vulnerable patients in accessing various support groups and voluntary organisations.

Outstanding



Summary of findings

- Staff used opportunistic encounters with extremely vulnerable patients, who were not already registered with GP services, and encouraged them to register for services to access appropriate care and support.
- 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. GPs and all nursing staff were trained to safeguarding level three.

People experiencing poor mental health (including people with dementia)

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

- Staff had a highly developed understanding of how to support patients with mental health needs and dementia.
- Newly registered adult patients were screened for their exposure to trauma including post traumatic stress disorder (PTSD) and its impact on mental health.
- The clinical team had extensive expertise in identifying victims of torture and had developed a clinical template to aid assessment and diagnosis.
- The practice had a very small number of patients with dementia. However, all of these patients had an up to date care plan in place.
- The practice worked closely with 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.

Outstanding



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Survey forms were distributed to 369 patients and 84 were returned. This represented a response rate of 5% of the practice's patient list.

- 84% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% 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 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the standard of care received. The care at the Whitehouse Centre was described as excellent, caring and flexible. A patient recovering from addiction issues described how this was the first GP practice they had attended where they felt safe to disclose issues that contributed to their health difficulties.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They described not feeling judged and that they were always treated with dignity.

Whitehouse Centre GP Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP specialist advisor.

Background to Whitehouse Centre GP Practice

The Whitehouse Centre is a GP practice that is run by Locala Community Partnerships, which provides a diverse range of health services in the West Yorkshire area. The Whitehouse Centre provides services to those excluded from mainstream services. This is due to their immigration status as asylum seekers or refugees, homeless people and those experiencing social and psychological difficulties that make them particularly vulnerable and unable to access usual care pathways.

The practice currently occupies a converted house in the town centre of Huddersfield, adjacent to the train station and bus routes. There is car parking available on site. The premises are easily accessible with treatment rooms on the ground floor for those patients that cannot climb stairs. The reception area is small and privacy is difficult to maintain. However, a private room is available for patients that wish to use it.

GP primary care services are provided for 1,540 patients; 985 of whom are registered asylum seekers. The practice

has seen a steep increase in patient turnover in the last 10 years as more patients are referred to them for care. The practice has registered 4,347 and deregistered 3,032 patients in the last decade.

There are two half time female GPs who work at the practice and they have the assistance of a volunteer retired male GP who offers one session each week. The GPs work with a highly experienced advanced nurse practitioner (full time) and two practice nurses (1.8 whole time equivalent), who are all female.

The practice is supported by a practice manager who shares their time between two Locala locations. Administrative staff and receptionists are a close working team who take turns to greet patients and undertake administrative functions.

The staff at Locala are all salaried colleagues within the business. There are no partners. During the inspection we were greeted by the Chief Executive and members of the senior manager team with responsibility for functions such as safety, recruitment and governance. Locala provides services under an Alternative Provider Medical Services (APMS) contract, commissioned by Greater Huddersfield Clinical Commissioning Group.

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

Detailed findings

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 May 2016. During our visit we:

- Spoke with a range of staff including a GP, Advanced Nurse Practitioner, Practice Manager, reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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 and a strong practice culture to record and reflect on learning opportunities presented by them.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and encouraged a wide scope of reporting to include operational, social and medical concerns. A daily briefing meeting also took place to ensure that all relevant staff were aware of any operational or clinical issues that could impact on patient care that day.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, office procedures were reviewed following the duplication of a prescription. Health and safety policies were reviewed following a near- miss incident with a child at risk of an accident on the premises. Communication protocols were reviewed with other agencies following a high risk patient presenting at the practice with a known risk of violence. Staff shortages were escalated to the senior management of Locala who made the appropriate contingencies to ensure patient and staff safety.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses 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 clinicians, who had been trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The advanced nurse practitioner was the infection prevention and control (IPC) clinical lead who liaised with the senior management team within Locala to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual 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 medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice worked extensively with patients who were on a drug treatment plan to ensure the process of prescribing these medications was secure and safe. 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

Are services safe?

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. All prescription printers in the practice were secured by a printer lock and held within secure rooms. The advanced nurse practitioner was qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's defibrillator pads and oxygen masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan 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. The practice had a daily clinical briefing meeting to review patient care and also any clinical alerts or medical updates. 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 were 86% of the total number of points available with a clinical exception rate of 14%. (Exception reporting is the removal of a patient from the data results because they could not be included because of a medical reason, for example not being able to prescribe a certain medicine because of a side effect).

The practice was aware of the challenges in achieving higher rates of QOF points, the annual patient turnover exceeded 50%. Data showed that over 650 patients registered at the practice and more than 800 patients were de-registered in the last year. The provider scored favourably when compared to other practices that also support highly vulnerable groups.

Data from 2014/15 showed:

- Performance for diabetes related indicators was strong. Several indicators relating to structured support for newly diagnosed diabetic patients and their take up of the flu vaccine were notably higher than the local and national averages by 10% and 5% respectively, scoring 100% of available points.

- Clinical prevalence for mental health indicators was nearly double that of local and national averages. Performance for mental health related indicators in relation to care planning was more than 10% higher than the local and national average. However, performance in relation to women with mental health issues who had received a recent cervical smear test had very high levels of exception reporting in excess of 50%. Clinicians told us low uptake was associated with trauma and lifestyle issues, seen within this patient group.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of these audits had been repeated demonstrating a complete audit cycle.
- Findings were used by the practice to improve services locally and also inform national understanding. Opportunities to participate in benchmarking, peer review and accreditation were proactively pursued.
- We saw a comprehensive audit relating to the prevalence of victims of torture. This was a fully referenced academic audit undertaken by a third year medical student under the supervision of the GP lead in this area. The findings of the audit were going to be used to inform planning of local services and contribute to national understanding of the needs of those who have experienced extreme trauma.

Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. This covered corporate values that underpinned the Locala approach to care and also topics such 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 especially those relating to mental health as a result of previous trauma.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific



Are services effective?

(for example, treatment is effective)

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. For example, training in supporting patients with substance misuse issues. This included ongoing peer support, one-to-one meetings, coaching and mentoring. Clinical supervision by GPs to nursing staff was evidenced through the daily briefings across the clinical team. We saw that the Advanced Nurse Practitioner provided additional clinical supervision to the practice nurses and we saw that external revalidation was provided to 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.

Coordinating patient care and information sharing

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

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

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

discuss how collaboration was working and to seek external input into how services could improve. For example, we saw minutes of a discussion how safeguarding alerts could be more effectively risk assessed.

We saw evidence that the clinical team had developed a template to identify those patients at risk from parasitic infections. Consequently, 20 patients had been successfully identified and diagnosed and were receiving treatment.

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

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 seen by nurses, or where appropriate, signposted to the relevant service.
- Regular clinics were held jointly by drug misuse and alcohol workers who jointly saw patients with a GP and planned care collaboratively.
- Close links were maintained with the Local Authority and CCG in determining the support required for the resettlement of Syrian refugees.
- The practice worked closely with a multi-agency board supporting people with severe and complex multiple needs including those engaged with housing and



Are services effective?

(for example, treatment is effective)

probation services. Other agencies the practice had close relationships with included Methodist Mission (homeless support), the local Mental Health Trust and DASH (Destitute Asylum Support Huddersfield).

- The practice uptake for the cervical screening programme was 67%, which was lower than the CCG average of 79% and the national average of 74%. The practice told us that this reduced take up was associated with trauma and lifestyle issues, seen within this patient group. 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 they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- Newly registered patients with children were offered vaccinations in line with World Health Organisation guidelines.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients.

The practice recognised that patients registering for services at the practice may have experienced severe trauma. The new patient appointment was consequently booked for one hour and made use of specialised clinical assessment tools developed by the practice to identify and support patients who may have experienced torture and other types of inhumane or degrading treatment. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified and these were planned in partnership with other health, voluntary and community agencies. For example, all new patients were offered screening for HIV and hepatitis. Any new cases were treated as a significant event and the practice told us newly diagnosed HIV patients were personally supported, usually by being accompanied to the secondary health clinic by a member of the practice team.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All five of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some comments shared through the friends and family test were more variable. The majority were extremely positive, however there were several negative comments concerning prompt access to appointments and communication with reception staff.

We spoke with two patients during the inspection, who also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. A patient told us that they did not ever feel judged by staff at the practice, despite having a history of complex and challenging problems.

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:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of % and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%).

- 94% 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%)
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of the national average of 85%).
- 83% 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%).
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%)

Staff showed us evidence of numerous examples of caring that were undertaken by the clinical team both during surgery hours and opportunistically in the local area. We were told that on occasion, off-duty staff had approached those seen begging, encouraging them to register for services to access appropriate care and support. Food, clothing and taxis were also provided for people in need.

During the inspection we witnessed a situation whereby an unregistered, homeless person arrived at reception and was quickly seen and supported with several primary care interventions and a follow up appointment into secondary care.

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.

An example of outstanding care was seen in the way a patient on a methadone treatment plan was supported in changing medication at short notice in order to attend an important family gathering.

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:

Are services caring?

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 75% 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%.
- 78% 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:

- Staff told us that translation and interpretation 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.
- Information leaflets were available in easy read format and the NHS Friends and Family Test was available in more than a dozen languages; applicable to the patient population. The most recent data had 55 responses which were in line with GP survey findings.

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 identified patients who were carers and maintained a register. At the time of the inspection there were seven patients identified. The practice discouraged the use of children as interpreters for family members and focused on the needs of the child and their needs as a priority and arranged for an adult interpreter as required. Services for the bereaved were highly personalised and proactive. For example, an off duty staff member noticed in the local press of a distressing bereavement affecting a registered patient and immediate steps were taken to provide support and counselling.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice constantly reviewed the needs of its local population and engaged with the NHS England Area Team, the Local Authority and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- All appointments were of minimum 15 minutes duration. New patient appointments were for one hour.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for patients who had been risk assessed as in need of that service, for example someone receiving end of life care.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- A register was maintained of especially vulnerable patients who could drop in for a clinical consultation at set times during the day.
- Patients were able to receive routine screening for HIV and hepatitis and received close planned support following diagnosis.
- A discretionary taxi fund was available from the practice budget which allowed people to access services at the surgery which for complex social or mental health reasons they were unable to receive at home.
- Patients could access food parcels and clothing directly from the practice in times of need or would be referred to other support agencies for assistance.
- Staff provided practical support for patients, such as helping them fill in forms and take them in person to locations to secure services such as free bus travel.
- There were disabled facilities and translation services available.
- Clinicians were able to provide complex support to patients who had experienced torture or inhumane treatment. They were also able to offer screening and advice to other providers on behalf of their patients.

Access to the service

The practice was open between 9am and 5pm Monday to Friday. Calls made to the surgery between 8am and 9am and 5pm to 6.30pm were transferred directly to a clinician on duty, who would triage the enquiry accordingly. Appointments were available throughout the day.

Patients registered at the practice were unlikely to be in work due to their immigration status or their complex needs. The practice told us that the current appointment system reflected the needs of the patients and this was confirmed by the small number of patients we spoke to and the results of the GP patient survey.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 84% 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 they were able to get appointments when they needed them. We saw that 40 patients had been assessed as being unable to comply with a set or advance appointment time. These patients were able to drop into the practice as required within an open time slot and wait to be seen. The list was regularly reviewed to ensure that the policy was applied fairly and altered to recognise the changing needs of the patient population. We saw that some patient feedback in the past year had criticised the appointment system and felt that they could not always get appointments. The practice had reviewed the appointment system and implemented some greater flexibility. A review was due to take place to determine if patient satisfaction had improved.

The practice had a triage system in place to assess:

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

Listening and learning from concerns and complaints

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



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

- 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 and that it was promoted in the reception area.

We looked at one complaint received in the last 12 months and found that it had been handled appropriately. We saw that a thorough review had taken place as a result and that a policy change had been implemented to improve patient outcomes as a result.

Are services well-led?

Outstanding



(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 displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- We saw evidence of the standard operating procedure developed by the practice in response to the increasing demand on services from increasing numbers of asylum seekers and refugees entering the district. This procedure was developed to a high level of detail and had a clear safety mandate to maintain services for the most vulnerable, whilst balanced with a strategy to move suitable patients into mainstream services following a yearly review. The document placed safety and patient care at the centre of the governance arrangements for the service.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were clear arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This was underpinned by the daily

morning clinical briefings whereby staff reviewed and reflected upon any operational or clinical issues affecting the practice or patient care. These were fully documented and shared with all relevant staff.

Leadership and culture

On the day of inspection the management team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We saw extensive evidence that the provider prioritised safe, high quality and compassionate care. Staff told us the management team were approachable and always took the time to listen to all members of staff.

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

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

There was a clear leadership structure in place and staff felt supported by management. Leaders demonstrated an inspired shared purpose and motivated staff to succeed. Staff we spoke with expressed high levels of satisfaction and said they were proud of the organisation as a place to work. We observed a professional and compassionate culture.

- Staff told us the practice held regular team meetings and we reviewed minutes of these meetings.
- Staff told us there was an open culture within the practice and constructive engagement with senior management. They had been actively encouraged to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and were encouraged to identify

Are services well-led?

Outstanding



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

opportunities to improve the service delivered by the practice. There was strong collaboration and support across all staff. For example, we saw evidence that the lead nurse for infection prevention and control had undertaken a thorough audit and fed back to the senior management team her concerns about identified issues. We saw that there had been a positive response and steps were being taken to implement improvements.

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 previously established a patient participation group and we saw evidence of minutes and the strategy to promote this. However, the population group had complex needs and a patient turnover of 50% annually had thwarted efforts to maintain a viable patient group, which was currently suspended. Feedback was, however, actively encouraged through the promotion of the NHS Friends and Family Test, available in more than a dozen languages applicable to the patient population.
- The practice had listened to concerns raised by some patients and the previous patient group about the availability of clinicians and appointments. An additional clinician had been recruited as a result to increase the number of appointments and a review of patient satisfaction was planned.

- The practice had gathered feedback from staff through regular team meetings and appraisals. 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 and supported by the Locala senior management team. A systemic approach was taken in working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. For example, the practice team was forward thinking and part of local pilot schemes to improve outcomes for particularly vulnerable and excluded patients in the area. This included raising national awareness and feeding into shared learning about the experience of victims of torture within primary medical services.

The practice had strongly embedded systems of support and referral for patients who were vulnerable and worked collaboratively across secondary care and other agencies. For example, a consultant psychiatrist attended the practice to hold regular clinical sessions for patients and advise the clinical team.

The practice faced substantial challenges in maintaining high quality services in the face of increasing demands but demonstrated that it had a strategic plan to meet these demands and maintain high quality care.