

# Skelmanthorpe Family Doctors

## Quality Report

The Health Centre  
Commercial Rd  
Skelmanthorpe  
Huddersfield  
HD8 9DA  
Tel: 01484 503515  
Website: [www.skeldocs.org.uk](http://www.skeldocs.org.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		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Skelmanthorpe Family Doctors on 8 September 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. A lunchtime safety meeting was held at the practice each day to review any concerns.
- Risks to patients were assessed and well managed.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- An on-call clinician ensured that home visits could be undertaken late into the afternoon for urgent cases and also reviewed key correspondence on day of receipt to ensure results and correspondence from secondary care was dealt with promptly.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the patient participation group. For example, improving the appointment and telephone answering systems.
- Vulnerable patients including those with a cancer diagnosis or a serious mental illness were followed up by the GPs if an appointment was missed.

# Summary of findings

- The provider had implemented the use of virtual online consultations underpinned by a clear clinical protocol to widen accessibility of appointments for patients. A consultation by email protocol was also being piloted by the practice.
- 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. For example, by moving the time of the baby clinic and coordinating this with a childhood immunisation clinic.
- The provider was aware of and complied with the requirements of the duty of candour and had a clear policy statement. In addition, a policy called Being Open underpinned their approach to honesty and integrity, ensuring that all staff were aware of their duty of care.

**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.

- There was an effective system in place for reporting and recording significant events and a daily safety meeting attended by the clinical staff and the practice manager.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

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.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.
- 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.

Good



## Are services well-led?

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

- 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.
- There was a clear leadership structure and staff felt supported by management. The practice had a wide number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. 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.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- 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. Housebound patients were supported by clinical staff offering long term conditions and medication reviews in the patient's own home
- A care home protocol had been written to support visits and communication with six local care homes linked to the practice and a weekly proactive visit to each care home was undertaken by an advanced nurse practitioner. The practice pharmacist also visited the care homes regularly to offer support and advice.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Overall QOF achievement for treatment of diabetes was 9% higher than the local average and 7% higher than the national average and was achieved with lower than average exception reporting.
- 84% of patients with asthma received an annual review which was 10% higher than the local average and 13% higher than the national average and was achieved with lower than average exception reporting of 2% which was 4% lower than the local average and 6% below the national average.
- Longer appointments and home visits were available when needed. The practice combined reviews wherever possible to minimise the number of appointments required and sent text reminders to patients.
- 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 or advanced nurse practitioner worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- A full range of family planning services were provided and sexual health support for young people was offered, including chlamydia screening.
- Uptake for the cervical screening programme was 86%, which was higher than the CCG average of 85% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors. In response to patient feedback the baby clinic and post-natal & immunisation clinic were coordinated to take place at a time more convenient for parents.

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

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

Good



- 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.
- Early morning appointments were offered on two days a week for people unable to attend the surgery during the standard working day. Appointments by telephone, via online media or email were also available.
- The practice was proactive in offering online services such as appointment booking and medication ordering, as well as a full range of health promotion and screening that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

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

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- Patients with a cancer diagnosis or a serious mental illness were followed up by the practice if they missed an appointment.
- The practice offered longer appointments for patients with a learning disability and undertook annual reviews in their home environment if indicated as preferable.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example; a weekly Shared Care clinic for patients experiencing difficulties with addiction was offered at the practice.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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)

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

- 78% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was 6% lower than the national average.
- 93% of eligible patients experiencing a serious mental illness had an up to date care plan. This was 4% higher than the national average.
- 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. A GP partner had a special interest in supporting patients experiencing mental illness and we saw evidence that these patients were flexibly and compassionately supported.
- 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.

Good





# Summary of findings

- Staff 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 national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Survey forms were distributed to 223 patients and 119 were returned. This represented a completion rate of 53% and comprised 1% of the practice's patient list.

- 77% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 82% 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%.
- 80% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 77% 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 21 responses which were, with a single exception, all positive, about the standard of care received. Patients described a friendly reception team and very caring clinicians. Several patients commented that the reception staff were helpful in making prompt appointments and that the environment was clean and welcoming.

We spoke with nine patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice regularly reviewed their responses to The Friends and Family Test and achieved good or high satisfaction in more than 93% of responses. (The Friends and Family test is a feedback tool which asks people if they would recommend the services they have used to their friends and family).

# Skelmanthorpe Family Doctors

## 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 adviser.

## Background to Skelmanthorpe Family Doctors

Skelmanthorpe Family Doctors, The Health Centre, Commercial Road, Skelmanthorpe Huddersfield, HD8 9DA, provides services for 9,300 patients. The provider operates from two locations situated within the Greater Huddersfield Clinical Commissioning Group and delivers primary medical services under the terms of a personal medical services (PMS) contract.

Services are provided within purpose built and accessible buildings. The main location at Skelmanthorpe village is leased from NHS Property Services. The branch surgery, located at 313 Wakefield Road, Denby Dale, Huddersfield, HD8 8RX is owned by the partners. The provider is located in a rural area to the south of Huddersfield.

The population experiences lower than average levels of deprivation and is mainly White British. Skelmanthorpe Family Doctors is registered as a partnership between Dr Michael Welch, Dr Nicholas Kaye, Dr Stephen Ollerton and Dr Louise James. The four partners work a whole time equivalent (W.T.E) of three full time GPs. They are supported by two salaried GPs (both female) who both work half time.

The provider also has two advanced nurse practitioners (both female) who work full time. The practice also has a part time female practice nurse equivalent to 0.7 W.T.E, a pharmacist 0.2 W.T.E and two health care assistants 1.73 W.T.E.

The practice manager is supported by 13 part time reception and administrative staff.

The practice at Skelmanthorpe is open Monday, Thursday and Friday from 8am to 6pm and Tuesday and Wednesday from 7am to 6pm. The branch at Denby Dale is open from 8am to 12 pm, Monday to Friday. Appointments are available throughout the day at Skelmanthorpe and during the morning at Denby Dale.

When the surgery is closed patients are advised of the NHS 111 service for non –urgent medical advice and are directed to a local out of hours provider, Local Care Direct.

## 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.

# Detailed findings

## 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 8 September 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, receptionists and the practice manager. We also spoke with patients who used the service.
- Observed how patients were greeted on arrival at the surgery and also when phoning for an appointment.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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 had written a policy called Being Open that underpinned their approach to honesty and integrity and ensured that all staff were aware of their duty of care.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident involving the storage of temperature sensitive medicines resulted in a review of internal procedures and refresher training for relevant staff. A review assured the practice that staff were following best practice guidelines. Another incident involving the request for a home visit had resulted in a review of practice guidelines relating to home visits. We saw evidence that the review identified areas of improvement around communication between administrative and clinical teams and that these had been incorporated into a revised protocol that had been circulated within the practice.

### 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 were trained to child and adult safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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. A health care assistant was the infection control clinical (IPC) lead, as this was an area of special interest underpinned by relevant clinical experience and expertise. Oversight of this arrangement was taken by the practice manager. The lead liaised with the local infection prevention teams to keep up to date with best practice. For example, the practice had undertaken a hand washing audit across the clinical team and refresher training had been provided. There was an infection control protocol in place and staff had received regular updates. Annual infection control 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). 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

## Are services safe?

prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice had recruited advanced nurse practitioners and a practice nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Mentorship and support was offered by the medical staff for this extended role.

However, on the day of the inspection we saw that clinical supervision for the newly extended nursing team was relatively informal. Following the inspection, the practice reviewed these arrangements and informed us that formal systems of supervision and learning support had been implemented for the nursing team. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions.

- Health Care Assistants were trained to administer vaccines and medicines against a patient specific direction (PSD) or prescription. A PSD is an instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by a prescriber.
- 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 particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. A daily safety meeting was held by the on duty clinicians and the practice manager to review and respond to any emerging issues at the end of morning surgery.

### Arrangements to deal with emergencies and major incidents

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

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

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met 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. This is 4% higher than the local and national average. The clinical exception rate for this provider is 6%, which is 3% lower than the local average and 4% lower than the national average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-16 showed:

- Performance for diabetes related indicators was higher overall than the national average. For example 70% of diabetic patients on the register had achieved a blood sugar result of 59 mmol or less in the preceding 12 months. This demonstrated that their diabetes was being well controlled. This was 6% higher than the local average and 9% higher than the national average. In addition, 93% of diabetic patients had received a foot examination to check for nerve or skin damage

associated with their condition. This was 12% higher than both the local and national average. The provider was also able to initialise insulin for patients identified as needing this treatment.

- Performance for mental health related indicators overall was higher than the national average. For example 87% of patients with a serious mental illness had a comprehensive care plan in place. This was 3% higher than the local average and 10% higher than the national average. In addition, 90% of patients with a serious mental illness had a record of their blood pressure taken in the last year. This was 8% higher than the local average and 9% higher than the national average.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits commenced in the last two years, two of these had been repeated and were full audit cycles. We saw that improvements were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. We saw evidence that patients who had osteoporosis; a disease that weakens the bones, were reviewed and offered bone strengthening supplements. We saw that this audit was repeated and the practice were able to report a higher rate of diagnosis and increased use of supplements for affected patients. The practice also reviewed patients at risk of diabetes, as the practice showed a lower than average prevalence of the disease within the patient population. As a result of screening patients at risk, the practice was able to identify an increase in diabetic patients and had repeated this audit. The practice had also achieved a reduction in its rate of antibiotic prescribing (6%) and worked with the local medicines management team and their own pharmacist to review and optimise patient medications.

### 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.



# Are services effective?

## (for example, treatment is effective)

- 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.

### 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.

### 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 signposted to the relevant service.
- A counsellor was available at the practice for patients that needed support with emotional difficulties and could see patients at short notice if they needed an urgent appointment.

The practice's uptake for the cervical screening programme was 86%, which was slightly higher than the CCG average of 85% and the national average of 81%. 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. 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.

Childhood immunisation rates (most recent available data 2014-15) for the most common vaccinations given were



# Are services effective?

(for example, treatment is effective)

higher than comparable CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 99% to 100% (local average 95%-98%, national average 93%-95%). Rates for five year olds were 93%-100% of eligible children (local average 93%-98%, national average 87%-95%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms and the door locked when appropriate 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 except one of the 21 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 nine 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 in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% 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 88% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

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

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

- 86% 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%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- 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.

## Are services caring?

- The practice website included advice about pregnancy, long term conditions and minor illnesses.

### **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 350 patients as

carers (4% of the practice list). Two carer's champions had been recruited within the practice and written information was available to direct carers to the various avenues of support available to them. A regular carers coffee morning was offered to promote support and raise awareness.

Staff told us that if families had suffered bereavement, the practice contacted them or sent them a sympathy card. This call was either followed by 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.

# 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 offered pre-booked appointments from 7am on Tuesday and Wednesday morning for patients who could not attend during the usual working day.
- An on-call clinician ensured that home visits could be undertaken late into the afternoon for urgent cases and also reviewed key correspondence on day of receipt to ensure results and correspondence from secondary care was dealt with promptly.
- The practice offered consultations by telephone, via online media and email for patients that were unable to attend the surgery or preferred this method of consultation. These innovations were underpinned by a clear clinical protocol.
- Clinics were offered for those experiencing problems with addiction and a counsellor was available.
- There were longer appointments available for patients with a learning disability or who would benefit from a longer consultation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Weekly visits were undertaken to the six local care homes and a comprehensive care home protocol was in place to support this.
- Phlebotomy services were available once a week.
- Same day 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/were referred to other clinics for vaccines available privately.
- There were disabled facilities, interpretation and translation services available.

### Access to the service

The practice at Skelmanthorpe was open between 8am and 6pm Monday, Thursday and Friday. The practice opened between 7am and 6pm on Tuesday and

Wednesday. Appointments were available at clinics throughout the day. The branch surgery at Denby Dale was open for consultations between 8am and 12pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 79% of patients were satisfied with the practice's opening hours compared to the local and national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the local average of 75% and 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.

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.

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.

### Listening and learning from concerns and complaints

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

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

We looked at five complaints received in the last 12 months. Overall the practice had recorded 21 incidents of complaint, including verbal and written complaints. The practice actively welcomed feedback from patients and

# Are services responsive to people's needs?

(for example, to feedback?)

maximised any opportunity to record data and learn from it. We saw that complaints were responded to in a timely manner and that the practice responded in a considered and open way. 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, delays in referral due to staff absence

were reviewed to ensure that adequate cover arrangements were implemented to avoid a reoccurrence. Following a complaint about a timely appointment, a review was undertaken. Reception staff were then reminded of the relevant information they should request from patients seeking an appointment to allow the prioritisation of urgent cases.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was 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.

### 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners 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 provider had a clear policy on both duty of candour and also integrity and honesty, which they incorporated in their Being Open policy. 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.

- Staff told us the practice held regular team meetings and we saw evidence confirming this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, 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.

### 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, the partners listened to patient survey feedback and redesigned the appointment system to offer more flexibility on peak days of demand. We saw that waiting time for routine appointments was reduced.
- The practice had gathered feedback from staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

# Are services well-led?

Good 

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

management. Staff told us they felt involved and engaged to improve how the practice was run. The practice had recently created a notice board in reception with the photographs and duties of all staff to improve engagement with patients.

## 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. For example, in developing innovation in online media and email appointment systems. We saw that uptake for online consultations was relatively low at 3-5 consultations per month and that the practice was evaluating its approach and promotion of the service as a result.