

Lepton & Kirkheaton Surgeries

Quality Report

Lepton Surgery
Highgate Lane
Lepton
Huddersfield
HD8 0HH

Tel: 01484 606161

Website: www.lepton-kirkheatonsurgeries.nhs.uk

Date of inspection visit: 21 January 2016

Date of publication: 26/05/2016

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Lepton & Kirkheaton Surgeries	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lepton & Kirkheaton Surgeries on 21 January 2016. Overall the practice is rated as inadequate.

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

- The clinicians at the practice were skilled, compassionate and the two partners had joined the practice following a long period of upheaval and a high turnover of GPs. The practice, however, suffered from wide ranging systemic and management deficits.
- Patients were at an increased risk of harm because systems and processes were not in place to keep them safe. For example, there was limited learning from significant events, and actions arising from these events were not consistently implemented.
- There were inadequate safeguards for the monitoring of temperature sensitive vaccines.
- Some of the practice policies and procedures were out of date or undated and some contained obsolete information.
- Patient safety alerts were not appropriately managed. More than six months elapsed before the staff member with co-responsibility for monitoring and sharing alerts was added to the distribution list.
- A member of the nursing staff did not consistently follow the practice policy of referring all out of range blood results to GPs during disease reviews and had not received any recent clinical updates to support this decision making.
- There was no clinical supervision of nursing staff. Learning from complaints was not consistently undertaken and the practice had insufficiently addressed long-standing shortcomings in the attitude of a minority of reception staff.
- Patient outcomes were hard to identify as the practice had not undertaken any effective clinical audits or quality improvement.

Summary of findings

- Patients were mostly positive about their interactions with staff and said they were treated with compassion and dignity. We found, however that patient survey results rated the practice lower than other practices in the area or nationally.
- The practice had no clear strategic plan.
- There was insufficient leadership capacity and limited formal governance arrangements.
- The practice had an active, supportive patient reference group who were engaged in supporting the new partnership.

The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Introduce effective processes for reporting, recording, acting on and monitoring significant events, incidents, near misses and complaints.
- Take action to address identified concerns with out of date policies.
- Put systems in place to ensure all clinicians are kept up to date with national guidance, safety alerts and guidelines.
- Plan and carry out quality improvement initiatives to ensure improvements have been achieved.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which is reflective of the requirements of the practice.

- Clarify the practice management structure and ensure there is leadership capacity to deliver all improvements.

We have issued warning notices with respect to the following regulations of the Health and Social Care Act (2008):

- Regulation 12 – Safe care and treatment
- Regulation 17 – Good governance
- Regulation 18 – Staffing.

The practice is required to make improvements in order to comply with these regulations.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made so a rating of inadequate remains for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

Special measures will give people who use the practice the reassurance that the care they get should improve.

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 inadequate for providing safe services and improvements must be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thorough and lessons learned were not consistently implemented or communicated to support improvement.
- Patients were at risk of harm because systems and processes were not in place or reviewed in a way to keep them safe. For example; the monitoring of fridge temperature for temperature sensitive vaccines and medicines was not effectively managed.
- Infection prevention and control policies were not up to date and contained obsolete information.
- Nursing staff did not have enhanced training to support all of their clinical decision making and there was no overarching clinical supervision provided.
- Patient safety alerts were not effectively communicated to clinical staff.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services, and improvements must be made.

- QOF Data was in line with local and national scores with 94% of total available points achieved.
- The practice worked closely with the medicines management pharmacist employed by the CCG to regularly review a wide range of medicines for patients.
- NICE guidance was available and staff told us this was followed, we did not find evidence to show that the practice monitored that staff were following these guidelines, as there was an absence of risk assessments, updated policies or clinical audits.
- There was no evidence that audit was driving improvement in performance to improve patient outcomes, as there had been no audit activity in the last two years.
- Staff were carrying out roles that they had not received documented or enhanced training for, for example; managing fridge temperatures and interpreting out of range blood results.

Inadequate



Summary of findings

Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- Data from the National GP Patient Survey showed patients rated the practice lower than others for most aspects of care.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Patients had described a small number of receptionists as unhelpful and brusque. Customer care training had been recently delivered in response to patient survey comments, feedback from the patient group and several complaints. During the inspection, however, we witnessed a receptionist being unhelpful to a patient.

Requires improvement



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- The practice was equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand. Complaints were discussed within the practice and where appropriate, with the patient reference group. However, there was no evidence that effective learning from complaints had been adequately shared with staff or improvements made within the practice as a result.

Requires improvement



Are services well-led?

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

- The partners had identified its goals for the practice but had not formulated these aspirations into a coherent business plan or strategy.
- The practice had a number of policies and procedures to govern activity, but many of these were undated, overdue for review and some contained obsolete advice and directions.

Inadequate



Summary of findings

- The post of practice manager had been vacated following a management restructure and the practice had failed to ensure that appropriate management processes were in place. The practice proactively sought feedback from patients and had an active patient participation group (PPG).

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

This practice is rated as inadequate for the care of older people. The practice is rated as inadequate for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were some areas of good practice.

- 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.

Inadequate



People with long term conditions

This practice is rated as inadequate for the care of people with long-term conditions. The practice is rated as inadequate for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were some areas of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance indicators for the management of diabetes were in line with local and national results, with the exception of newly diagnosed patients being referred to a structured education programme with nine months of entry onto the diabetes register. Results for this indicator were somewhat lower than CCG and national averages (by 8% and 7% respectively) and also had a higher rate of exception reporting (6% above the local and national average).
- Longer appointments and home visits were available when needed.
- We saw that patients receiving end of life care were monitored closely in conjunction with the local hospice and the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Inadequate



Summary of findings

Families, children and young people

This practice is rated as inadequate for the care of families, children and young people. The practice is rated as inadequate for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were some areas of good practice.

- Staff had undertaken the appropriate level of safeguarding training and were able to explain their responsibilities and identify the safeguarding lead. We saw evidence that a recent safeguarding concern regarding a young person had been well managed through effective inter-agency working.
- Staff told us that they understood Gillick competency, which are legal guidelines that help clinicians assess the maturity of young people in making decisions and receiving treatment without their parent's consent.
- The number of women who attended for a cervical screening test within the last 5 years was 84%, which was 4% higher than the local and 7% higher than the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Immunisation rates for children were 100% for nearly all standard vaccinations.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Inadequate



Working age people (including those recently retired and students)

This practice is rated as inadequate for the care of working people (including those recently retired and students). The practice is rated as inadequate for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were some areas of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- Extended hours were offered on a Tuesday evening up until 8.30pm for patients who worked during the day.

Inadequate



Summary of findings

People whose circumstances may make them vulnerable

This practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice is rated as inadequate for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were some areas of good practice.

- The practice maintained a register of patients diagnosed with a learning disability and offered longer appointments for these patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and were the named GPs for a small local care home for adults with a learning disability.
- 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 and had completed safeguarding training. 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.

Inadequate



People experiencing poor mental health (including people with dementia)

This practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The practice is rated as inadequate for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 74% of patients of patients with schizophrenia or other serious mental illness had received a comprehensive care plan in the preceding 12 months, which is significantly lower (15%) than the local average and 18% below the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out dementia screening and were a 'dementia friendly' practice.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice publicised and encouraged patients to access the local Improving Access to Psychological Therapies (IAPT) Service, which supported patients experiencing anxiety and depression.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results was published in January 2016. The results showed the practice was performing below local and national averages. A total of 244 survey forms were distributed and 115 were returned. This was a return rate of 47% and represented 1.5% of the practice's patient list.

- 68% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 79% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 73% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 67% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 82%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 30 comment cards which were nearly all positive about the standard of care received. Care was described as excellent, friendly and kind. Several patients said that it was not always easy to get a prompt appointment and whilst most said the reception staff was friendly and helpful, one person described reception staff as abrupt.

We spoke with 12 patients during the inspection. All 12 patients said they were happy with the clinical care they received and thought staff were approachable, committed and caring. Patients did add that there had been some difficulties experienced with the attitude of some receptionists, and that this had been a long-standing issue within the practice and was noted at both locations. We were told by the practice that customer service training had recently been delivered to reception staff. On the day of the inspection we observed an incident of unhelpful behaviour by a receptionist, who told a patient no appointments were available. The receptionist did this without asking about the nature of or urgency of the problem, despite it being practice policy to do so.

Lepton & Kirkheaton Surgeries

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Lepton & Kirkheaton Surgeries

Lepton and Kirkheaton surgeries are housed within two purpose built premises in a semi-rural area of Huddersfield. The main registered location is the Lepton Surgery whilst Kirkheaton is a somewhat smaller premises and is a branch surgery located three miles away. The branch address is: Kirkheaton Surgery, Heaton Moor Road, Kirkheaton, Huddersfield, HD5 0ET. Both sites were visited as part of the inspection.

The practice serves a combined patient list of 7387. The area is relatively affluent and has lower levels of deprivation when compared to neighbouring practices within the Huddersfield area and also nationally.

There are two full time male GP partners. They are supported by two part-time female salaried GPs and a former male partner who has come out of retirement to offer several sessions a week on an as required locum basis.

There are three part-time female practice nurses, whose working hours are equal to two whole time equivalent staff. There are two part-time female health care assistants, one of whom also works as a phlebotomist for two days a week.

The provider is open Monday-Friday 8.30am to 6pm, with each location closing for lunch for one hour. Calls made to the surgery outside of these hours are connected to Local Care Direct for urgent care queries. There is also half day closing at both sites once a week. Lunch and surgery closures are staggered between the two locations to provide continuity for patients throughout the day. Appointments with a GP or nurse are offered throughout the day and a GP extended hours service is offered at both locations on a Tuesday evening between 6.30-8.30pm. This equals 4 hours of extended service and allows patients to access both a male and female GP at these times.

Doctors attend surgeries at both locations whilst the surgery at Lepton has two nurses and the Kirkheaton branch employs one nurse.

Care is delivered as part of a Primary Medical care (PMS) contract and when the surgery is closed out of hours care is provided by Local Care Direct. The location is registered to provide the following regulated activities: diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury.

Why we carried out this inspection

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 January 2016. During our visit we:

- Spoke with a range of staff including the GP partners, salaried GPs, practice nurses, acting practice manager and receptionists. We also spoke with patients who used the service and the PPG.
- Observed how patients were spoken to by reception staff.
- Reviewed the significant events, complaints and anonymised patients records associated with these records.
- 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 a system in place for reporting and recording significant events.

- Staff told us they would inform the manager of the practice of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out some analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. We found that although discussion had taken place and action points agreed, these were not consistently followed-up, for example:

- A patient with a serious diagnosis did not have this information recorded against the patient record, despite several notifications from the hospital. This error had been noted and recorded as a significant event. A staff meeting where this incident was raised noted that correcting the patient record should be undertaken as an urgent requirement. During the inspection, we inspected the patient record and saw the information was still missing from the record, and the practice could offer no explanation for this.
- There was not a robust system in place for sharing patient safety or drug alerts. The person co-named in the policy as responsible for sharing information was not on the electronic distribution lists that circulated alerts and safety information from central agencies for a six month period. We saw that information sharing was ad-hoc and haphazard amongst clinical staff.
- A fridge that stored temperature sensitive vaccines had breached the required temperature limit and although this incident had been recorded and responded to within the practice; it had not been reported to NHS England, as required. During the inspection we saw that staff responsible for maintaining records of temperatures had not reported a second temperature breach to the responsible clinician, and no remedial action had been taken within the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful

information, an apology and were told about any actions to improve processes to prevent the same thing happening again. For example, a patient who received the wrong injection (but was unharmed) was apologised to by the practice and the incident was recorded as a significant event. We saw that changes in the procedure for booking injections had taken place to reduce the likelihood of a reoccurrence.

Overview of safety systems and processes

The practice had some defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, however, we saw that they were not always appropriately implemented, which placed patients at increased risk.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policy was clearly dated and marked for an annual review. It 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 relevant to their role. GPs were trained to Safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- A practice nurse was the infection control clinical lead. There was an infection control protocol in place, however it was undated and contained several out of date sections which suggested it had not been reviewed for some years. The nurse was unable to confirm when the policy had last been reviewed. Annual infection control audits were undertaken and we saw evidence

Are services safe?

that an audit had taken place within the last year. The audit incorrectly stated that the infection control policy was dated and reviewed every two years, which directly contradicted our findings.

- A practice nurse we spoke to could not recall any training in infection prevention and control being undertaken. Following the inspection, the practice sent confirmation that this nurse and another nursing colleague had attended an infection prevention and control update in April 2013. The third practice nurse at the practice had attended an update in September 2014. The practice did not have a practice policy on how often infection prevention and control updates should take place. The Royal College of Nursing has suggested that this training should be considered mandatory and undertaken annually for clinical staff.
- At the main surgery, we found that printed prescriptions were held in a transparent plastic wallet pinned to the wall in an unlocked room which compromised patient confidentiality and security. Whilst this location was in a non-public area, there was no secure barrier between the public and non-public area.
- At the branch surgery, there was inadequate secure storage for medicines. A decision had been made to secure the most potentially harmful medicines in a lockable cabinet whilst others that included medicines for asthma and contraceptives were held in a treatment room that had no lock on the door. There was no secure barrier between public and non-public areas.
- The management of vaccines stocks was appropriate; however, we found that the storage of vaccines was not safely managed. At one location, a breach in the cold chain had resulted in the disposal of vaccines. This incident was not reported to NHS England, as it should have been.
- Non-clinical staff were responsible for the recording of the fridge temperature, and we were told that the clinical lead had offered training, although no record had been made. We saw that there was no documentation or guidance available to staff checking the fridge temperature as to what action they should take in the event of an out of range temperature reading. At the branch surgery we found that a second incident where a fridge temperature had been recorded that was out of range had occurred. This raised temperature had been logged but no alert had been made to the clinical lead or action taken.

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions and Patient Specific Directions had been adopted by the practice to allow nurses and health care assistants to administer medicines in line with legislation.
- We reviewed two 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. We saw, however, that there was no occupational health policy at the practice and that staff did not undertake a health questionnaire or have their immunisation status monitored by the practice.

Monitoring risks to patients

Risks to patients were assessed and well managed in most areas; however there were several areas where improvements should be made.

- 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 staff had been trained to act as Fire Marshals. 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 which included an assessment of the premises and health and safety.
- We saw that the practice used modern blood pressure monitoring equipment (sphygmomanometers), but that several mercury sphygmomanometers which are no longer recommended for the monitoring of blood pressure, were present in the practice. We advised the practice that their safe disposal should be arranged, due to risk of mercury poisoning. The day prior to the inspection, a wall-mounted sphygmomanometer fell and shattered, causing a health and safety incident.

Are services safe?

Staff dealt with the spillage using a syringe and a face mask for protection, however the practice did not have a mercury spillage kit onsite to deal with the accident in a safe way.

- With regard to the assessment of risk of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), we saw that samples of water had been sent to a testing company prior to our inspection. Following the inspection, the practice sent us confirmation that the premises were found to be free from legionella contamination.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had appropriate 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 at both sites.
- The practice had a defibrillator available at both locations and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff along with administrative supplies such as prescriptions to allow the practice to continue offering a service in the event of relocation.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice told us they 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) practice guidelines.

- The practice had ineffective systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs, we found, however, that policies were not all up to date. For instance, whilst we were assured that nursing staff had the appropriate training and were competent for doing cervical smears, the guidance within the practice referred to equipment and instruments no longer in use.
- While the practice was not able to demonstrate how they monitored the following of NICE guidelines, clinicians were able to show how they accessed the guidance and the up to date clinical templates they used for the people with long term conditions, and clinical care provided seemed appropriate. However, the practice did not have in place assessments with respect to risks to patients and they had not undertaken any clinical audits in the past two years.

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 94% of the total number of points available, with 7.2% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 was mixed and data showed;

- Performance for diabetes related indicators was lower than the CCG and national average. The practice achieved an overall score of 81%, 10% below the CCG average and 8% below the national average

- The percentage of patients with hypertension receiving an annual blood pressure check with a reading of 150/90 mmHg or less was similar to the CCG and national average. The practice achieved an overall score of 84% which was comparable to the CCG national average.
- Performance for mental health related indicators was lower than the CCG and national average. The practice achieved an overall score of 85% which was 8% below the CCG average and 8% below the national average.
- Performance for dementia related indicators were higher than the CCG and national average. The practice achieved an overall score of 100% which was 6% above the CCG average and national average.
- Indicators relating to performance in areas such as peripheral arterial disease, secondary prevention of coronary heart disease and stroke were also 10% or more below the local and national average score.
- There had not been any clinical audits completed in the last two years. One clinician had reviewed patient feedback following attendance for minor surgery, but had not considered any clinical implications in this exercise.
- The practice was visited regularly by the CCG medicines management team, who undertook close monitoring in the rationalisation of medicines prescribed by the practice, however, the practice did not participate in local audits, national benchmarking, accreditation, peer review or research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff in most areas, for example, for those reviewing patients with long-term conditions such as diabetes. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. We saw, however, that there was no clinical supervision offered to nursing staff and that some blood results were interpreted by nursing staff without any enhanced training. We were told that some blood results that were out of range were referred to the GP at the nurse's discretion and that there was no written protocol to inform practice.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Staff had not received up to date infection control training.

Coordinating patient care and information sharing

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

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

Staff worked together and endeavoured to work with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely discussed and updated.

Consent to care and treatment

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

- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance. GPs we spoke to had awareness of their duties under the Mental Capacity Act 2005 and although nursing staff showed some awareness they had not received training in the Mental Capacity Act.
- 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 told us they assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84%, which was higher than the CCG average of 80% and the national average of 77%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were higher than CCG/national averages. For example, achieving childhood immunisation rates for the vaccinations given to under two year olds of 100% and five year olds also 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. 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 found the majority of staff were courteous and helpful to patients. We observed reception staff to be helpful with the exception of one receptionist who told a patient on the telephone that no appointments were available and that the patient should call back in the morning. The receptionist did not make any enquiries as to the nature or urgency of the enquiry, despite it being practice policy to do so. Comment cards we received were generally very complimentary about being treated with kindness and dignity. The patient group were generally very positive about the care given by the whole clinical team and praised the energy of the incoming partners into the practice.

- 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 told us that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We observed, however, that the reception and waiting room at the branch location offered little privacy for patients.

All but one of the 30 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. There was one card that felt that the reception staff were unhelpful.

We spoke with ten members of the patient participation group. They also told us they were satisfied with the clinical 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 that a majority of patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 78% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 74% said the GP gave them enough time (CCG average 89%, national average 87%).
- 89% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 73% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 80% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

We saw that there had been a high turnover of GP partners in recent years and that two long term GPs had retired. It was also noted, however, that there were long-standing problems with the attitude of a minority of reception staff at both locations. This was well known and had been commented on regularly by patients and was the subject of several complaints. Customer care training had recently been provided by the practice in an effort to improve matters.

Care planning and involvement in decisions about care and treatment

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

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

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

Are services caring?

- 69% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%)
- 83% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)

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.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had estimated that 10% of the

practice list were carers and a member of staff was the nominated 'carers champion'. The practice had made contact so far with 40 identified carers and acknowledged there was still much work to be done. The carers champion was, however, highly motivated and committed to the newly established role. We saw evidence that the carers champion had started working in partnership with the patient group to develop awareness and publicity. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP 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 offered a 'Commuter's Clinic' on a Tuesday evening until 8.30pm for working patients who could not attend during normal opening hours, at both locations.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- 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, a hearing loop and translation services available.

Access to the service

The practice at Lepton was open between 8.30am and 6pm Monday to Friday, closing for lunch between 12-1pm and half day on Wednesday. The branch surgery at Kirkheaton was open between 8.30am and 6pm Monday to Friday, closing for lunch between 1-2pm and half day on Thursday. Callers to the surgery outside these hours were connected directly with Local Care Direct for urgent care queries. Appointments were available at both sites for morning and afternoon surgeries with an extended hours clinic on a Tuesday for pre-booked appointments between 6.30-8.30pm. 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 much lower than local and national averages.

- 57% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 68% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).

- 37% patients said they always or almost always see or speak to the GP they prefer (CCG average 63%, national average 59%).

The practice told us that a high turnover of partners at the practice along with long term sickness affecting one long-standing GP and the retirement of two others in the last two years had contributed to the low levels of satisfaction relation to patients seeing the GP of their choice. The practice had now returned to a more stable clinical team with the return of two of the GPs on a part-time and locum basis and patients were now building relationships with the new clinical partners. This was also confirmed in our conversations with members of the patient participation group (PPG).

People told us on the day of the inspection that they were usually able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns; however we saw that there was insufficient learning from them.

- 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, with clinical complaints being handled by the senior partner.
- We saw that information was available to help patients understand the complaints system in the practice leaflet and in reception.

We looked at eight complaints received in the last 12 months and found that they had been appropriately responded to and that patients were made aware of how to escalate their concerns if they remained dissatisfied with the outcome. We reviewed how some of these complaints had been fed back to the staff team to identify how learning had been identified, shared and acted upon. We found that there had been an inconsistent approach. Two separate complaints relating to rudeness by reception staff to patients had been denied by staff in question and no further action taken. Another patient who had tried to secure an urgent appointment but had been told the surgery was full had been admitted to hospital later that day due to acute symptoms. Staff had failed to identify the urgent clinical need of this patient and a review of the

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

complaint had stated that staff would in future ascertain the reason for an urgent appointment request. We did not see evidence of a protocol being introduced to improve the triaging of clinically vulnerable patients.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice had clear aspirations to deliver high quality care and promote good outcomes for patients, however these aspirations were not communicated into a clear vision or guiding values.

- The practice had begun to formulate a vision for the practice that included plans to review current staff roles and an intention to develop the outdated Kirkheaton branch surgery building, but these were still at a preliminary stage.
- The practice had not yet formulated these aspirations into a coherent business plan or strategy and the practice was still emerging from a period of upheaval following a high turnover of partners.

Governance arrangements

The practice did not have an overarching governance framework in evidence to fully support the delivery of good quality care. We found that there were shortcomings in the day to day governance of the practice along with a failure to embed safe and effective systems.

- There was a staffing structure; however when staff members left suddenly, staff were required to undertake extra duties and responsibilities without adequate training or support.
- A key staff role within the management team had been left vacant without appropriate contingency to ensure the safe and effective running of the practice.
- Long standing complaints about the rude conduct of reception staff to patients at both surgery locations had been partly addressed through customer service training being delivered to all staff.
- Practice specific policies were available, however, many were undated. The infection control policy contained clinically obsolete information suggesting it had not been reviewed for some years.
- A lack of clinical audits was an obstacle to driving improvements.
- There were arrangements for the recording of significant events, but system deficits resulted in intended actions and learning points being overlooked. This was particularly evident in two examples we noted: the failure to code a patient with a cancer diagnosis and a second vaccine fridge failure.

Leadership and culture

The partners in the practice had been appropriately trained in their roles as GPs and were relatively new in their posts as senior and junior partner within this busy practice. We saw that there was insufficient leadership within the practice. For example, there were not adequate systems in place to keep people safe, nursing staff were not supervised and there was a lack of training and oversight for the staff member acting as the practice manager. Both partners were clearly very caring clinicians and aspired to provide high quality care, but a lack of clinical audit, learning and reflective practice across the clinical team undermined this commitment. The partners were visible in the practice and staff told us they were approachable and took the time to listen to all members of staff. Members of the patient group told us of that the partners had brought renewed energy to the practice following a long period of upheaval. We were told by patients that the senior partner engaged with the patient group in listening to concerns and in our discussions with clinicians it was clear that the partners envisage a long tenure at the surgery.

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 a policy in place about notifiable safety incidents; however, the staff member with responsibility for this was unaware of the obligation to inform NHS England. For example; following an incident involving a failure of the cold chain in maintaining safe temperatures for vaccines.

There was a leadership structure in place; however, staff felt under stress by the failure to appropriately recruit and train to the practice manager role within the practices' management structure.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff was involved in discussions about how to run and develop the practice, however, we saw evidence that policy changes were not fully risk assessed. An example of this being the decision to ask reception staff to test fridge temperatures and their subsequent failure to report a further cold chain breach.

Are services well-led?

Inadequate 

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

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

The practice encouraged 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. There was a very active and committed PPG of 36 members of which half which met regularly and the others communicated mainly via email. The group carried out patient surveys and submitted proposals for improvements to the

practice management team. For example, concerns about the poor attitude of reception staff at both locations were fed back, along with the acknowledgement from patients that some improvements on this problem had been seen. Patients also reported their difficulty in seeing a preferred GP and appointment accessibility. were all recorded and brought to the attention of the partners following the return of over 1000 survey forms fully or partly completed by patients.

- Staff and the PPG told us they felt involved and engaged to improve how the practice was run.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. The practice did not have effective systems in place for the monitoring of temperature sensitive vaccines and the safe storage of medicines. Nursing staff had not received recent training in infection prevention and control. An infection control audit was found to contain inaccurate information.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of services provided. There was insufficient governance in place to assess or monitor risks to patient safety. The sharing of drug and safety alerts was haphazard across the practice. Policies and procedures were undated or overdue for review. Learning from significant incidents was inconsistent and there was no effective clinical audit.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person did not do all that was reasonably practicable to ensure appropriate levels of support, training and supervision to persons employed in the provision of the regulated activities. Nursing staff did not receive any clinical supervision and another staff member was not receiving appropriate levels of support and training to fulfil their role.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.