Horne Street Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Horne Street Surgery on 2 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Patients said they found access to the surgery by phone difficult, but appointments were ususally available with a named GP and most appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour. Duty of Candour is a requirement that health care providers are open and honest with the people who use their services.

We saw one area of outstanding practice:

- Although no figures were available, the practice was able to describe how they had reduced the need for referrals of some patients to secondary care (hospital) services due to the expertise of the GPs in mental health and dermatology (skin conditions).

Summary of findings

However there are areas where the provider needs to make improvements.

Importantly the provider should:

- Improve patient confidentiality by diverting incoming patient calls away from the front reception desk
- Establish regular formal meetings with health visitors to discuss vulnerable children and families
- Document all annual infection prevention and control (IPC) audits

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- 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 multidisciplinary teams to plan care and monitor the progress of those patients with more complex needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that 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.

Summary of findings

- We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Improvement could be made by taking incoming patient calls away from the main reception desk.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the difficulties relating to telephone access by patients had been looked at, and several changes made, with further changes being planned.
- Patients told us that appointments were usually available the same day and they could get an appointment with the GP of their choice in most cases.
- 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular staff and clinical 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 knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Although the number of older people on their patient list was small, the practice was responsive to the needs of this group of patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Good

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

- Nursing staff had lead roles in some chronic disease management with GPs taking the lead on others, and patients at risk of hospital admission were identified as a priority.
- Data showed that 96% of patients on the diabetes register had a recorded foot examination in the preceding 12 months compared to a national average of 88%.
- Longer appointments, up to 30 minutes, and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

- The health visiting team were co-located in the practice building and ad hoc liaison and information sharing took place.Improvement could be made by establishing regular formal meetings and keeping minutes to record any discussions.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Data showed that 79% of elegible women had a recorded cervical screening test performed within the last five years compared to a national average of 82%.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It gave vulnerable patients information 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)

Good

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

Summary of findings

- 93% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months
- 100% of patients with physical and/or mental conditions had had their smoking status recorded in the preceding 12 months
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- Due to the expertise in mental health of one of the GPs, many mental health conditions could be managed in-house, reducing the reliance on secondary care services. The practice also gave patients experiencing poor mental health information about various support groups and voluntary organisations.
- The practice had access to a local NHS 'Talking Therapies' service which patients were able to benefit from without a referral from a clinician.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff gave good examples of how they supported people with mental health needs and dementia

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing below local and national averages with regard to access to appointments. There were 452 survey forms distributed and 52 were returned. This represents a response rate of 11.5% for the surveyed population, and 1.1% of the practice population as a whole.

- 29% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 80% found the receptionists at this surgery helpful compared to a CCG average of 86% and a national average of 87%.
- 73% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and a national average of 85%.
- 79% said the last appointment they got was convenient compared to a CCG and national average of 92%.
- 57% described their experience of making an appointment as good compared to a CCG and national average of 73%.
- 55% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 70% and a national average of 65%.

The practice acknowledged these low satisfaction rates and was working with the patient reference group (PRG) and the CCG to help improve systems for accessing appointments. They had changed the number from a higher charging 0844 number to a local dialling code. In addition they had changed their appointment system so that most appointments were available on the same day to meet demand. This adjustment was beginning to show a reduction in the number of patients failing to attend for their appointment. They had participated in the 'Productive Practice' initiative to help address the challenges caused by high patient demand for appointments. They were developing a 'Practice Champion' initiative which would help inform their patients about alternatives to GP appointments to manage less serious illnesses and conditions. They planned to survey patients regularly to assess their satisfaction with the changes they were making to their systems.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were mostly positive about the standard of care received. Several comments described difficulty accessing the surgery by telephone. Almost all the comments described the service they received as very good or excellent and described staff as 'understanding' and 'caring'.

We spoke with four patients during the inspection. All four patients said that they were happy with the care they received and thought that staff were considerate, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Improve patient confidentiality by diverting incoming patient calls away from the front reception desk
- Establish regular formal meetings with health visitors to discuss vulnerable children and families
- Document all annual infection prevention and control (IPC) audits

Summary of findings

Outstanding practice

Although no figures were available, the practice was able to describe how they had reduced the need for referrals of some patients to secondary care (hospital) services due to the expertise of the GPs in mental health and dermatology (skin conditions).

Horne Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist advisor and a practice manager specialist advisor. The team was shadowed by a colleague from the Department of Health.

Background to Horne Street Surgery

Horne Street Surgery is situated less than a mile from Halifax town centre. It is housed in purpose built premises which is shared with another practice and walk in centre. The practice has a list size of 4035 patients. The vast majority (85%) of their patients are of Pakistani origin. The remaining patients are made up of small percentages of other South Asian, Eastern European, White British and African ethnicities. The practice provides Personal Medical Services (PMS) under a locally agreed contract with NHS England. They offer a range of enhanced services such as childhood vaccination and immunisations and extended hours access.

There are two GPs, both of whom are male. The practice is also staffed by two female practice nurses, one locum female nurse practitioner and one phlebotomist/smoking cessation advisor. The clinical team is supported by a practice manager, medical secretary and a team of administrative and reception staff.

The practice catchment area is classed as being in the most deprived percentage of practices in England. The age profile of the practice shows a significantly higher than average percentage of the 0-34 year age group, and a significantly lower than average percentage of patients aged 40 and over.

Horne Street Surgery is open between 8am and 6.30pm Monday to Friday, with extended hours on Tuesday until 7.30pm. Several clinics are held at the practice each week including contraceptive services, diabetes, asthma, smoking cessation and chld immunisation clinics.

Out of hours cover is provided by Local Care Direct and can be accessed by calling the surgery telephone number or by calling the NHS 111 service. Patients can also attend the adjacent walk-in centre which is open between 8am and 7pm on weekdays, and from 8am to 6pm on weekends.

Horne Street Surgery is registered with the CQC to provide diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders such as NHS England and Calderdale Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided before the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF), national patient survey and NHS Friends and Family Test (FFT)

We carried out an announced inspection on 2 February 2016. During our visit we:

- Spoke with a range of staff including one GP, the nurse practitioner, one practice nurse and the phlebotomist/ smoking cessation advisor.
- We also spoke with three members of the administration team, one of whom was acting on behalf of the practice manager.
- In addition we spoke with four patients, one of whom was a member of the PRG. We observed communication and interaction between staff and patients, both face to face and on the telephone.

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident when a patient had become hostile and aggressive at the reception desk, closed circuit television(CCTV) cameras had been installed to improve safety for staff and patients.

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

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, for example:

- Arrangements were in place to safeguard children and vulnerable adultsfrom abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs provided information and reports when possible for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that nurses or reception staff would act as chaperones, if required. All reception staff who acted as chaperones were trained for the role and had received a disclosure and barring servoce check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection prevention and control (IPC) protocol in place. At the time of our visit staff had not received IPC training but this was planned for the next protected learning time event. Staff told us annual infection prevention and control (IPC) audits were undertaken but not recorded. Following our feedback the practice assured us that future audits would be recorded and any actions identified would be carried out.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were appropriate (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants (HCA) did not administer immunisations.
- We reviewed three personnel files and found that 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. 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 also 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.

- 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. Staff told us they would alter their working hours to cover the service when unexpected absence such as sickness occurred.

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. Telephones also had an emergency alert button.
- 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. There was also a first aid kit and accident book 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, with 5.2% exception reporting. Exception reporting rates allow for patients who do not attend for reviews or where certain medicines cannot be prescribed due to a side effect, to be exluded from the figures collected for QOF.This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Diabetes indicators were higher than CCG and national averages.For example the percentage of patients on the diabetes register whose last measured cholesterol reading was within normal limits was 82.31% compared to the national average of 80.53%.
- The percentage of patients with hypertension having regular blood pressure tests was 83.4% which was comparableto the national average of 83.7%.
- Performance for mental health related indicators was better than national average.For example 100% of patients with schizophrenia and other psychoses had a recording of theiralcohol consumption in the preceding 12 months compared to thenational average of 89.5%.
- Dementia related indicators were better than national average.For example 92.9% of patients diagnosed with dementia had received a face to face review in the preceding 12 months compared to the national average of 84%.

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

Information about patients' outcomes was used to make improvements. For example the practice had recognised that they had a higher than average hospital admission rate for patients with asthma. The practice had responded by developing a detailed care plan template which they used when reviewing those patients with asthma who were known to be less well controlled, or who were on high doses of steroid treatments. They also introduced more frequent reviews for this group of patients.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, information governance and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the

Good

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support during sessions, appraisals, and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff were able to access locally facilitated training during protected learning time. The practice were in the process of acquiring access to an on-line training facility to streamline and simplify staff access to required 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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multidisciplinary team meetings between GPs, district nurses, palliative care nurses and community matron took place on a quarterly basis and that care plans were routinely reviewed and updated. At the time of our visit formal meetings between GPs and health visitors did not take place, but instead ad hoc liaison took place on a regular basis as the health visitors were co-located in the practice building. Improvement could be made by establishing a more formal system of health visitor meetings and minuting and reviewing the discussions.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance, such as Gillick Competency.This is used in medical law to decide whether a child is able to consent to his or her own medical treatment without the need for parental knowledge or consent.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. Staff were able to give clear examples where this had been applied.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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. Weight management and smoking cessation services were provided in house.Those patients requiring support with substance misuse issues were signposted to a local service.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 73.5%, which was lower than the CCG average of 80.3% and the national average of 76.7%. There was a policy to offer telephone 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. The practice acknowledged their lower than average uptake of some screening tests and were working with the PRG to encourage patients to access these services, for example by use of patient champions to

Good

Are services effective?

(for example, treatment is effective)

increase patient awareness of the value of such screening services. The practice told us that there were some cultural barriers with regard to their patients attending for some screening tests which they were working to overcome.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 98% and five year olds from 93% to 98%. Flu vaccination rates for the over 65s were 79%, and at risk groups 67%. These were higher than CCG and national averages.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- A private room was available adjacent to the reception where patients who appeared distressed or wished to discuss sensitive issues could be seen.This room was also accessible by patients wishing to breast feed.

  All of the 46 patient CQC comment cards we received were positive about the practice staff and the level of care they experienced. Several comments spoke of difficulty with accessing the surgey by phone however, although this did not appear to have affected their satisfaction with the service provided by the staff at the surgery.

We also spoke with one member of the patient reference group (PRG). He also told us he was satisfied with the care provided by the practice and said he felt respected by doctors, nurses and reception staff. Comment cards highlighted that staff responded compassionately when patients 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 comparable with local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 86% said the GP was good at listening to them compared to the CCG and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 80% said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 81%.

Staff told us that interpreter services were available for patients who did not have English as a first language. Several members of staff also spoke languages which were compatible with their practice population. 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.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them, such as Calderdale Carer's Project.

Staff told us that if families had suffered bereavement, practice staff usually made contact and forwarded information about support services available locally.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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. For example in response to patient feedback they had changed the practice telephone number to one with a local dialling code to reduce the cost of calling the practice.

- The practice offered late night opening on Tuesday until 7.30pm when pre-bookable appointments with both GPs were available.
- Longer appointments, up to 30 minutes were available for people with a learning disability.
- Home visits were available for those patients who were housebound or were too sick to attend surgery.
- Most GP appointments were bookable on the same day. Where appointments were not available the GPs offered a triage call back system, and appointments were provided if their condition was judged to need urgent medical attention.
- Children under one year old were offered priority for appointments, as were those patients who were known to be vulnerable.
- The practice had disabled facilities. A hearing loop was available. Many staff were able to speak the languages compatible with the practice population, or face to face interpreters could be booked for other languages.
- All consultation rooms were on the ground floor.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours surgeries were offered on Tuesday between 6.30pm and 7.30pm. Most GP appointments were booked on the day. Practice nurse appointments were booked in advance.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly below local and national averages with respect to access to appointments. However people we spoke with on the day said that they were able to get appointments or received a call back from the doctor when they needed them.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 29% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.
- 57% patients described their experience of making an appointment as good compared to the CCG and national average of 73%.
- 55% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70% and national average of 65%.

The practice acknowledged these low satisfaction rates and was working with the patient reference group (PRG) and the CCG to help improve systems for accessing appointments. They had changed the number from a higher charging 0844 number to a local dialling code. In addition they had changed their appointment system so that most appointments were available on the same day to meet demand. This adjustment was beginning to show a reduction in the number of patients failing to attend for their appointment . They had participated in the 'Productive Practice' scheme to help address the challenges caused by high patient demand for appointments. They were developing a 'Practice Champion' initiative which was hoped would help inform their patients about alternatives to GP appointments to manage less serious illnesses and conditions. They planned to survey patients regularly to assess their satisfaction with the changes they were making to their systems.

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.
- Information about how to complain was detailed on the practice website and in the practice information leaflet.

We looked at eight complaints received in the last 12 months. Six of these were written complaints and two were verbal. We found these were satisfactorily handled and dealt with in a timely way with openness and transparency.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had complained that a member of staff had been rude to him on the phone and had refused to provide their name to the patient. The practice investigated the complaint and lessons learned were disseminated to relevant staff. Staff were reminded to remain calm and professional on the telephone, to follow the practice policy of answering the telephone and identifiying who they were before the call began.

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. Staff we spoke with told us they understood the practice values to be to provide a safe caring environment for staff and patients. Staff spoke enthusiastically about working at the practice and described the team as friendly, hard working and co-operative.

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
- Some practice specific and some CCG wide policies were implemented and were available to all staff
- Staff had a good understanding of the performance of the practice
- We saw evidence of a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were clear arrangements for identifying, recording and managing risks and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. Staff told us the partners and management team were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The practice had implemented a 360 degree feedback tool to enable clinical staff to reflect on their performance and continually improve.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held monthly staff meetings and that all staff were invited to contribute to these.
- Staff said they felt respected, valued and supported, by the partners and practice manager, but also by each other. 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.

- It had gathered feedback from patients through the patient reference group (PRG) and through surveys and complaints received. There was an active PRG which met on a regular basis, and submitted proposals for improvements to the practice management team. For example, they had suggested that contact names for all PRG members be placed on a notice board in the waiting room to enable patients to make contact more easily if they wished to raise any issues.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example they referred patients to a locally run 'X-pert Health' diabetes education programme aimed to increase the understanding and management of the condition amongst the South Asian population. In addition one of the GPs and

Are services well-led?

Good

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

one of the practice nurses were planning to attend further training which would enable them to manage insulin dependent diabetics in-house to reduce the need to attend hospital out-patient appointments.