Care Quality Commission

Blackburn Road Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Blackburn Road Medical Centre on 15 September 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised. We saw how the analysis of significant events led to additional training and changes in policy and procedure
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- We saw how the business continuity and contingency plans had been reviewed and improved in response to a major incident in Birstall, where the practice was used as an emergency refuge for staff, patients and members of the public.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Summary of findings

- The practice had strong and visible clinical and managerial leadership and governance arrangements. Staff appreciated the learning ethos of the practice and gave examples of where they had received additional training to improve their knowledge or expand their role.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw two areas of outstanding practice:

- The practice took every opportunity to learn from safety concerns raised by staff to improve services. We reviewed many incidents that had been reported and reviewed. Staff were also encouraged to report positive events, record their reflections and suggest improvements. We saw how the analysis of significant events led to additional training and changes in policy and procedure. The practice also fed into the North Kirklees Clinical Commissioning Group quality issues log to improve safety in the locality.
- This practice was an outlier for dementia on the primary care assessment tool in 2015. Three healthcare assistants had received additional training to enable them to carry out mental health physical assessments. Data from 2015/16 showed that 93% of patients had received a health check. This was a 28% improvement from 2014/15 where 65% of patients received their health check (CCG average 83%, national average 84%).

The areas where the provider should make improvement are:

- Review the process for checking emergency equipment.
- Review the storage of vaccinations in line with Public Health England guidance.

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
- The practice used every opportunity to learn from internal and external incidents, to support improvement.
- The practice carried out a thorough analysis of all significant events and celebrated positive experiences with staff. We saw how the analysis of significant events led to additional training and changes in policy and procedure.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The CCG locality pharmacist told us that the practice worked with them to regularly review prescribing and participated in projects to improve primary care prescribing.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. There was a lead member of staff for safeguarding who had received extensive training and continued to take advantage of regular local training sessions and a deputy lead
- There were processes to check the emergency equipment. However, these were unclear. The system for checking could be improved and the business manager took immediate action after the inspection to introduce clear processes and checks.
- Risks to patients were assessed and well managed.
- We saw how the business continuity and contingency plans had been reviewed and improved in response to a major incident in Birstall where the practice was used as an emergency refuge for staff, patients and members of the public.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice had identified areas for improvements in QOF. Clinical leads were in place and performance was reviewed and discussed regularly.

Summary of findings

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We saw evidence that NICE guidelines were discussed in regular clinical meetings.
- The practice used a bespoke care planning programme that integrated with the clinical record system to ensure care planning was carried out according to practice protocols and best practice guidance.
- The practice had a nursing bed gap scheme in place for patients who resided in care facilities. The community care provision only included patients who did not require nursing care. The practice worked with the community care provider and set up an alert system to identify when patients moved from a care bed to requiring nursing care provision to enable continuity of care.
- The practice had developed an effective and comprehensive protocol for handling and acting on letters and referrals on a daily basis. The system ensured prompt and appropriate action was taken.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff had access to and made use of e-learning training modules, CCG led and in-house training. The progress of staff training was closely monitored by the business manager.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible. There were a range of health and information leaflets signposting patients to local support services and groups at both locations.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice's computer system alerted GPs if a patient was also a carer. The practice invited a local carer support organisation to attend a clinical meeting to enable staff to identify carers more effectively and offer appropriate support. As a result the number of carers had increased.
- The practice identified and recorded the communication needs of patients with a disability, impairment or sensory loss in line with the Accessible Information Standard.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice delivered services in line with the CCG 'care closer to home' policy including minor surgery, the management of diabetes, phlebotomy, 24 hour blood pressure monitoring and electrocardiogram (ECG) fitting and monitoring.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice regularly reviewed the availability of appointments and promoted the use of online services including ordering prescriptions and booking appointments.
- The practice carried out home visits. The addition of an advanced care practitioner meant that the practice could offer additional home visits for older and vulnerable patients.
- The practice offered extended hours clinics on a Thursday evening until 8pm and on Wednesday mornings from 7.30am at the Blackburn Road location, for working patients who could not attend during normal opening hours.
- The practice had good facilities at both locations and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Complaints were discussed in practice meetings and learning from complaints was shared with staff.

Summary of findings

Are services well-led?

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

Good

- The practice had a mission statement to improve the health, wellbeing and lives of those they cared for and staff knew and understood the values.
- The practice signed up to local pilot schemes to expand the primary care services for patients. For example, they trained doctors and were participating in a local healthcare assistant apprenticeship scheme.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. The practice used regular meetings to refresh training and understanding of conditions in response to significant events and new guidance. Members of staff were encouraged to present cases and updates to each other.
- High standards were promoted and owned by all practice staff and teams worked together across all roles. Staff appreciated the learning ethos of the practice and gave examples of where they had received additional training to improve their knowledge or expand their role.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The addition of an advanced care practitioner meant that the practice could offer additional home visits for older and vulnerable patients.
- The practice had a nursing bed gap scheme in place for patients who resided in care facilities. The community care provision only included patients who did not require nursing care. The practice worked with the community care provider and set up an alert system to identify when patients moved from a care bed to requiring nursing care provision to enable continuity of care.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake rates were high. For example, 64% of patients aged 60 to 69 had been screened for bowel cancer in the preceding 30 months. (CCG average 55%, national average 58%).

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. The practice initiated diabetic treatment. Data showed that 87% of patients with diabetes, on the register, had a record of a foot examination and risk classification in the preceding 12 months (CCG average 89%, national average of 88%).
- Performance for hypertension related indicators was better than the national average. Data showed the last blood pressure reading for patients in the preceding 12 months was within normal parameters for 89% of patients with hypertension (CCG average 85%, national average 84%).

Summary of findings

- The GPs and nursing team worked together to manage patients with long term conditions. Staff followed the 'Year of Care' to provide personalised care planning for people with long term conditions by working in partnership with patients and care professionals. The practice used a diabetic record card which had been developed by a patient.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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, and we saw evidence to confirm this.
- Data from 2014/15 showed the practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and national average of 82%. The practice nurses had identified approximately 300 patients who had not attended and contacted them by telephone. Over 200 of these patients had subsequently attended for screening; the latest unverified data showed the uptake rate had increased to 84%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was a joint baby clinic with a GP, nurse and healthcare assistant and a drop-in clinic on Friday mornings.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice had a duty doctor each day to review and manage requests for same day demand.

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 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 appointments were offered on Thursday evenings until 8pm and Wednesday mornings from 7.30am at the Blackburn Road location for working patients.
- The practice regularly reviewed the availability of appointments and promoted the use of online services including ordering prescriptions and booking appointments.

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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. There was an alert on the record of those patients who were known to be vulnerable or have complex needs to identify the need for a longer appointment.
- The practice identified and recorded the communication needs of patients with a disability, impairment or sensory loss in line with the Accessible Information Standard.
- The practice had invited a local carer support organisation to attend a clinical meeting to enable staff to identify carers more effectively and offer appropriate support. A member of staff was identified as patient liaison officer who received additional training and proactively encouraged patients to inform the practice if they either had or were a carer. This resulted in the number of carers increasing from 54 to 81.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

- 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).

- This practice was an outlier for dementia on the primary care assessment tool. Three healthcare assistants had received additional training to enable them to carry out mental health physical assessments. Data from 2015/16 showed that 93% of patients had received a health check. This was a 28% improvement from 2014/15 where 65% of patients received their health check (CCG average 83%, national average 84%).
- Data for 2014/15 showed that 57% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months (CCG average 89%, national average 88%). The practice reviewed the process to improve the number of patients attending for their review. A lead clinician was identified to drive improvement and invitation letters were changed to invite patients to attend. Unverified data for the first six months of the 2016/17 QOF year showed that the practice had already achieved 85%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice referred patients taking benzodiazepines to the North Kirklees Clarity project which provides a structured programme to reduce the overall prescribing of these medicines.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had received Dementia Friends training and had a good understanding of how to support patients with mental health needs or dementia.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Of the 242 survey forms distributed, 103 were returned giving a response rate of 43%. This represented less than 1% of the practice's patient list.

- 66% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. Many patients commented that the GPs listened and they never felt rushed. Several gave examples of the support they or family members had received from the service. Staff were described as friendly, helpful and caring on the telephone and in person.

We spoke with 10 patients during the inspection. Several had been patients of the practice for many years. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Three patients said it was difficult to get through on the phone in the morning but one patient said they thought it had improved. Patients told us and we observed that they were not kept waiting for long at the surgery when they attended for an appointment.

The practice had carried out their own patient satisfaction survey and reviewed the results of the GP survey which were discussed with the patient participation group (PPG). An action plan was developed which included exploring new telephone systems to improve access, to actively reduce patients who failed to attend for appointments and promote the use of online services.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Review the process for checking emergency equipment.
- Review the storage of vaccinations in line with Public Health England guidance.

Outstanding practice

We saw two areas of outstanding practice:

- The practice took every opportunity to learn from safety concerns raised by staff to improve services. We reviewed many incidents that had been reported and reviewed. Staff were also encouraged to report positive events, record their reflections and suggest improvements. We saw how the analysis of significant events led to additional training and changes in policy and procedure. The practice also fed into the North Kirklees Clinical Commissioning Group quality issues log to improve safety in the locality.
- This practice was an outlier for dementia on the primary care assessment tool in 2015. Three healthcare assistants had received additional training to enable them to carry out mental health physical assessments. Data from 2015/16 showed that 93% of

Summary of findings

patients had received a health check. This was a 28% improvement from 2014/15 where 65% of patients received their health check (CCG average 83%, national average 84%).

CareQuality Commission

Blackburn Road Medical Centre

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 practice nurse specialist adviser and an Expert by Experience. Experts by Experience are lay people who speak to patients about their experience of the service.

Background to Blackburn Road Medical Centre

Blackburn Road Medical Centre delivers primary medical care to 11,559 patients in Birstall, Batley and Birkenshaw under a Personal Medical Service (PMS) contract with NHS England. The practice is located in a purpose built property at Blackburn Road, Birstall, Batley, WF17 9PL. The property has been extended several times to accommodate the service. There is a branch practice which is located at Birkenshaw Health Centre, Town Street, Birkenshaw, BD11 2HX. Both locations are accessible for patients with disabilities and have parking available.

- There are four male GP partners, and three salaried GPs (two male and one female); four female practice nurses and three female healthcare assistants. A female advanced care practitioner was joining the team in September 2016.
- The service is a teaching and training practice. At the time of the inspection the practice had one registrar, one medical student and one FY2 GP trainee.
- The practice is open between 8am and 6pm Monday to Friday at the Blackburn Road site. The branch practice at Birkenshaw is open from 8am every morning and closed at 6pm on Mondays and Thursdays, 1pm on Tuesday and Wednesday and 1.30pm on Fridays. Appointments were available throughout the day, in between these times, and patients could be seen at either location. Extended hours appointments were offered on Thursday evenings until 8pm and Wednesday mornings from 7.30am at the Blackburn Road location for working patients.
- When the practice is closed calls are transferred to the NHS 111 service who will triage the call and pass the details to Local Care Direct who is the out of hours provider for North Kirklees.
- The majority of patients are of White British origin, with 3% of patients being from black minority ethnic populations.
- The practice offer enhanced services which include minor surgery, the management of diabetes, phlebotomy, 24 hour blood pressure monitoring and ECG fitting and monitoring.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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

During our visit we:

- Spoke with a range of staff including GPs, nurses and administrative staff and spoke with patients who used the service.
- Reviewed questionnaire sheets which were given to administration staff prior to inspection.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

The practice took every opportunity to learn from safety concerns raised by staff to improve services. We reviewed many incidents that had been reported and reviewed. There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the business manager of any incidents. An incident reporting toolkit and recording forms were available to staff who were also encouraged to report positive events, record their reflections and suggest improvements. Incidents were categorised according to their severity and discussed in staff meetings. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of all significant events and celebrated positive experiences with staff. We saw how the analysis of significant events led to additional training and changes in policy and procedure. For example, the induction and monitoring process for locum staff was changed in response to an incident with a locum clinician. The practice also fed into the North Kirklees CCG quality issues log to improve safety in the locality.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an old prescription had been left on the clinical system for a patient, in addition to the new dose, resulting in the patient receiving both doses. The practice completed an audit to identify if any other patients were affected. Clinicians were reminded to remove old medications from patients' prescriptions. There was a system to receive and distribute patient safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). (The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). All alerts were shared throughout the practice and actioned accordingly. For example, an alert was received that all cardiovascular disease scores in the clinical system were calculated incorrectly. Staff took immediate action to identify all the patients affected and sourced an alternative evidence based way of calculating results to ensure consistency.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who had received extensive training and continued to take advantage of regular local training sessions and a deputy lead. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The lead GP provided additional regular training to staff during protected learning time sessions and staff meetings. All clinical staff were trained to child protection or child safeguarding level three, administrative staff completed mandatory safeguarding training to level one but were encouraged to complete additional training and some staff members had also completed training to level three.
- Notices in the waiting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). When staff were asked to chaperone they wore a badge to clearly identify themselves as the chaperone. A chaperone is a person who acts as a safeguard and witness for a

patient and health care professional during a medical examination or procedure. It was recorded in the patient's record when a chaperone had been in attendance or refused. We saw evidence that a trained chaperone at the practice had challenged a locum clinician who had asked them to stand outside the curtain whilst chaperoning.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. The nursing staff and health care assistant carried out weekly room checks to ensure standards of cleanliness were met. Six monthly IPC audits were undertaken at both locations and we saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. There were identified members of staff responsible for managing and monitoring the vaccine fridges. We saw that the temperatures of the vaccine fridges were recorded daily and checked against secondary temperature recording devices at both locations and action had been taken where the temperature range was outside the accepted temperature range for the safe storage of vaccines. We observed that a large fridge at the main surgery was overfull; the business manager explained that deliveries of vaccines took place on alternate weeks but on this occasion both deliveries had occurred on the same day. We also observed that some of the vaccine ampoules were loose in the fridge. The business manager discussed this with a lead nurse and a new system was devised to ensure that vaccines were kept in the original packaging in line with guidance. There were switches for the large vaccine fridges at both locations that could be switched off by mistake. The business manager immediately made covers for the switches to prevent them from being accidentally switched off.
- 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. The CCG locality pharmacist told us that the practice worked with them to regularly review prescribing and participated in projects to improve primary care prescribing. Monthly searches were performed for all patients taking DMARDS to ensure that patients were closely monitored. DMARDS (Disease-modifying anti-rheumatic drugs are medicines that are normally prescribed as soon as rheumatoid arthritis is diagnosed, in order to reduce damage to the joints. Patients taking these medicines require careful monitoring. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use and printers were emptied of prescriptions when the rooms were not in use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. (Patient Group Directions are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Patient Specific Directions are written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)
- We reviewed three personnel files, including for a recently recruited member of staff, 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. The staff records we reviewed with the business manager provided evidence to support that relevant staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. Members of staff new to healthcare had received the required checks as stated in the Green book, chapter 12,

Good

Are services safe?

Immunisation for healthcare and laboratory staff (The Green Book is a document published by the government that has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills which were monitored and reviewed to ensure staff took the appropriate actions. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a bacterium which can contaminate water systems in buildings). The legionella risk assessment required staff to monitor the temperature of the water. Staff responsible had received training and recorded the temperatures. We saw that action was taken to replace water heating elements where staff identified the temperature had dropped below the accepted range. The business manager had introduced sheets to identify risks in each room and remove or reduce them where possible. For example, where combustible materials were stored.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment rooms and reception offices at both locations.
- The practice had a defibrillator available at both premises and oxygen with adult and children's masks. We observed that the masks were not kept with the oxygen at the main surgery which may delay the availability of oxygen in an emergency. A first aid kit and accident book were available; we found that some of the bandages in the first aid kit at the main surgery were out of date; these were discarded immediately. On the day of the inspection the low battery indicator was visible on the defibrillator at the branch practice and staff were not aware. The business manager immediately telephoned the main surgery to send a replacement battery to the branch surgery.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The processes for checking the emergency equipment were unclear and the system for checking could be improved. The business manager took immediate action after the inspection to introduce clear processes and checks.
- 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. We saw how the business continuity and contingency plans had been reviewed and improved in response to a major incident in Birstall where the practice was used as an emergency refuge for staff, patients and members of the public.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw evidence that NICE guidelines were discussed in regular clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 87% of the total number of points available with 6% exception reporting (CCG and national average 9%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was an outlier for dementia on the primary care assessment tool. Three healthcare assistants had received additional training to enable them to carry out mental health physical assessments. Data from 2015/16 showed that 93% of patients had received a health check. This was a 28% improvement from 2014/15 where 65% of patients received their health check (CCG average 83%, national average 84%). The primary care assessment tool is a web portal for Primary Care data accessible to GP practice staff, CCGs area and regional teams of NHS England.

Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. The practice initiated diabetic treatment. Data showed that 87% of patients with diabetes, on the register, had a record of a foot examination and risk classification in the preceding 12 months (CCG average 89%, national average of 88%). Exception reporting was lower, 4% compared with 8% nationally. The practice introduced evening diabetic clinics to improve the routine surveillance of diabetes. Unverified data showed that the number of patients without a measure of HbA1c had reduced from 38 to 17 in the preceding 12 months. HbA1c is a blood test to check long-term diabetes control.
- Performance for mental health related indicators was lower than the national average. For example, 57% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months (CCG average 89%, national average 88%). The practice reviewed the process to improve the number of patients attending for their review. A lead clinician was identified to drive improvement and invitation letters were changed to invite patients to attend. Unverified data for the first six months of the 2016/17 QOF year showed that the practice had already achieved 85%.
- Performance for hypertension related indicators was better than the national average. Data showed the last blood pressure reading for patients in the preceding 12 months was within normal parameters for 89% of patients with hypertension (CCG average 85%, national average 84%).

The practice had identified areas for improvements in QOF. Clinical leads were in place and performance was reviewed and discussed regularly. The practice had identified the need to improve coding, particularly in asthma to ensure that patients were recalled and reviewed regularly. Data for 2014/15 showed that 64% of patients with asthma, on the register, had an asthma review in the preceding 12 months that includes an assessment of asthma control. This increased to 77% in 2015/16. We saw unverified data for the first six months of the 2016/17 QOF year which showed that the practice had already achieved 73%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.

Good

Are services effective?

(for example, treatment is effective)

- The practice also participated in regular medication audits, local audits, national benchmarking, accreditation, peer review and research. Data showed that the practice had reduced the overall prescribing of several medicines. For example, they had reduced the prescribing of antibiotics by 13% and anti-psychotic medicines by 26% in the preceding 12 months.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing all patients who had been taking bisphosphonate therapy for more than seven years. The GPs discussed the latest guidance and sought opinions from local specialists. As a result, 50% of the 34 patients reviewed successfully stopped their bisphosphonate treatment. (Bisphosphonates are drugs that slow down or prevent bone damage).

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We reviewed the newest member of staff's induction file and evidence was available to support the policy and process.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and taking blood samples.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings, CCG lead events and by attending local nurse forum meetings. The healthcare assistants also attended the national healthcare assistant conference.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, CCG led and in-house training. The progress of staff training was closely monitored by the business manager.
- The practice used locum GPs and nurses where necessary to ensure continuity of care for patients. There was a locum policy and protocols which had been revised in response to a concern raised about a locum nurse. We received feedback from a locum GP who told us that they had been made to feel welcome, provided with a thorough induction and said it was a pleasure to work at the practice.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice used a bespoke care planning programme that integrated with the clinical record system to ensure care planning was carried out according to practice protocols and best practice guidance.
- The practice had a nursing bed gap scheme in place. The community provision only included patients who did not require nursing care. The practice worked with the community care provider and set up an alert system to identify when patients moved from a care bed to requiring nursing care provision to enable continuity of care.
- There was a joint baby clinic with a GP, nurse and healthcare assistant and a drop-in clinic on Friday mornings.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan

ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice had developed an effective and comprehensive protocol for handling and acting on letters and referrals on a daily basis. The system ensured prompt and appropriate action was taken.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The GPs and nursing team worked together to manage patients with long term conditions. Staff followed the 'Year of Care' to provide personalised care planning for people with long term conditions by working in partnership with patients and care professionals. The practice used a diabetic record card which had been developed by a patient.
- The practice asked all adult patients if they were smokers. They were provided with information and referred as appropriate to a local smoking cessation support group. Data showed that 3,676 patients had been offered a referral to the service in the preceding 12 months, of which, 210 were referred and seen. The practice received feedback from the service which showed that during 2015, 30 patients had attended the service, 13 of which had successfully quit smoking. The practice had worked with the Local Authority to implement an electronic self-referral facility.
- The practice referred patients taking benzodiazepines to the North Kirklees Clarity project which provides a structured programme to reduce the overall prescribing of these medicines. Data showed that the practice's prescribing of these medicines was in line with good prescribing guidelines and the practice had achieved and additional 3% reduction in the overall prescribing of benzodiazepines. (Benzodiazipines are used to treat anxiety and sleeping problems).
- Clinical staff carried out alcohol intervention advice. They used AUDIT-C which is a recognised screening tool that can help identify persons who are hazardous drinkers or have active alcohol use disorders. Data showed that in 2015/16, 436 patients were screened for alcohol intake of which a further 126 had received structured advice to reduce their alcohol intake.
- The healthcare assistant ran a weight management clinic for patients. The practice also made referrals to a local weight loss group and the 'Practice Activity and Leisure Scheme' for eligible patients, which enabled them to attend local gyms and undertake an individualised activity and fitness plan to help them improve their health.

Data from 2014/15 showed the practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and national average of 82%. The practice nurses had identified approximately 300 patients who had not attended and contacted them by telephone. Consequently, over 200 of these patients attended for screening, The latest unverified data showed the uptake rate had increased to 84%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Good

Are services effective?

(for example, treatment is effective)

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake rates were high. For example, 64% of patients aged 60 to 69 had been screened for bowel cancer in the preceding 30 months. (CCG average 55%, national average 58%).

Childhood immunisation rates for the vaccinations given were comparable to national averages of approximately 94%. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 99% to 100% and five year olds from 98% to 100%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect in person and on the telephone.

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

All of the 26 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. Many patients commented that the GPs listened and they never felt rushed. Several gave examples of the support they or family members had received from the service. Staff were described as friendly, helpful and caring on the telephone and in person.

We saw examples of compliments and positive feedback from patients thanking named members of staff for their care and support. Trainee GPs also provided feedback that they had been made to feel welcome and were well supported during their time at the practice.

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

The practice had carried out their own patient satisfaction survey and reviewed the results of the GP survey which were discussed with the PPG. An action plan was developed which included exploring new telephone systems to improve access, to actively reduce patients who failed to attend for appointments and promote the use of online services.

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

Good

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- There were a range of health and information leaflets signposting patients to local support services and groups at both locations. Practice information was available in easy read format.
- Staff had received training in equality and diversity and the Mental Capacity Act.
- The practice identified and recorded the communication needs of patients with a disability, impairment or sensory loss in line with the Accessible Information Standard.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 81 patients as carers (less than 1% of the practice list). The practice had invited a local carer support organisation to attend a clinical meeting to enable staff to identify carers more effectively and offer appropriate support. A member of staff was identified as patient liaison officer who had received additional training and proactively encouraged patients to inform the practice if they either had or were a carer. This had resulted in the number of carers increasing from 54 to 81. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered 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. The practice worked closely with community staff and the palliative care team to ensure that the patients approaching the end of life wishes were recorded and acted upon where possible. For example, 30 of the 44 patients on the palliative care register had passed away in their preferred place of death. The practice reviewed deaths in clinical meetings to identify improvements to end of life care.

Staff and patients had witnessed a major incident in Birstall in July 2016. The practice was used as an emergency refuge for staff, patients and members of the public. staff were supported by the practice after the event.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice delivered services in line with the CCG 'care closer to home' policy including minor surgery, the management of diabetes, phlebotomy, 24 hour blood pressure monitoring and ECG fitting and monitoring. An ECG is a simple test that can be used to check your heart's rhythm and electrical activity. The practice also hosted community services. For example, non-obstetric ultrasound, midwifery clinics and a dermatology service. They had also piloted an online pharmacy service which enabled prescriptions to be delivered directly to patients.

- The practice offered extended hours clinics on a Thursday evening until 8pm and Wednesday mornings from 7.30am at the Blackburn Road location for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and anyone who requested one. There was an alert on the record of those patients who were known to be vulnerable or have complex needs to identify the need for a longer appointment.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice had a duty doctor each day to review and manage requests for same day demand.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The practice regularly reviewed the availability of appointments and promoted the use of online services including ordering prescriptions and booking appointments.

Access to the service

The practice was open between 8am and 6pm Monday to Friday at the Blackburn Road site. The branch practice at Birkenshaw was open from 8am every morning and closed at 6pm on Mondays and Thursdays, 1pm on Tuesday and Wednesday and 1.30pm on Fridays. Appointments were available throughout the day in-between these times and patients could be seen at either location. Extended hours appointments were offered on Thursday evenings until 8pm and Wednesday mornings from 7.30am at the Blackburn Road location for working patients. 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 lower than local and national averages.

- 64% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 66% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

Clinical staff spoke to the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The addition of an advanced care practitioner meant that the practice could offer additional home visits for older and vulnerable patients.

Listening and learning from concerns and complaints

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

We looked at 15 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Complaints were discussed in practice meetings and lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a lead GP had provided a training session for clinical staff on the diagnosis of rashes after a missed diagnosis.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement to improve the health, wellbeing and lives of those they cared for and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice signed up to local pilot schemes to expand the primary care services for patients. For example, they trained doctors and were participating in a local healthcare assistant apprenticeship scheme.
- New members of the clinical team had been successfully recruited to expand the team and ensure patients could access care.

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.
- There were regular structured meetings to govern the practice and staff attended CCG led and local GP cluster group meetings to plan services and share best practice.
- Practice specific policies were implemented, reviewed regularly and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and clinical leads were identified to drive improvement.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice worked with an external medical indemnity company to ensure that risks were identified and well managed.

Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings. We saw evidence that the practice used regular meetings to refresh training and understanding of conditions in response to significant events and new guidance. Meetings were timetabled and members of staff were encouraged to present cases and updates to each other.
- GPs and the business manager were members of the CCG 'council of members' group and the Birstall, Batley & Birkenshaw cluster group of GP practices.
- Staff reported high levels of staff satisfaction. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff appreciated the learning ethos of the practice and gave examples of where they had received additional training to improve their knowledge or expand their role.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice produced a bi-annual newsletter for staff. This was used to update staff,

Are services well-led?

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

celebrate success and introduce new services and ways of working.

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

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

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

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. We saw evidence that the practice used regular meetings to refresh training and understanding of conditions in response to significant events and new guidance. Meetings were timetabled and members of staff were encouraged to present cases and updates to each other.