

Stainland Road Medical Centre

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stainland Road Medical Centre on 16 December 2015. 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 mainly said they found it easy to make an appointment and that appointments with a named GP were often available, and that 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw the following areas of outstanding practice:

- The practice had developed a weekly nurse led drop-in contraception and sexual health clinic aimed specifically at teenage patients. We saw evidence that the service was accessed by a broad range of age groups including teenagers, and that patient feedback was very positive about the service.

Summary of findings

- In-house counselling which was funded by the practice, provided additional support for patients experiencing emotional difficulties.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- 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?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were comparable with 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.
- All staff received an annual appraisal which included a personal development plan.
- Staff worked with multidisciplinary teams to meet the needs of those patients with more complex needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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 patients had told the practice they were concerned about privacy levels at the reception desk. As a result radio speakers had been moved to the back of the waiting room to help mask conversations taking place at the desk, and an area was cleared in front of the desk with patients being asked to wait behind the defined area until the reception was clear before approaching.
- Patients said they usually found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- 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 governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners and management team 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.
- 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

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Before the inspection we sought feedback from a nursing home whose residents were registered at the practice and were told the level of service to their residents was excellent.
- The percentage of patients aged over 65 who had received an influenza vaccination in the previous year was 76% which was higher than the national average of 73%.
- 68% of over 75 year olds had received an annual health check in the previous year.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients were offered an annual review based on the month of their birthday
- The percentage of patients on the diabetes register who had a recorded foot examination in the preceding 12 months was 91% which was higher than the national average of 88%.
- Longer appointments, up to 40 minutes, and home visits were available when needed.
- 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.
- The practice was working with a local university to improve the case management of diabetic patients and this system was being rolled out to other practices within the CCG.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for

Summary of findings

example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were higher than local and national averages 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. Children under five years of age were given priority access to appointments.
- Data showed that 88% of eligible women had completed a cervical screening test in the preceding five years which was higher than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had set up a weekly drop-in contraceptive and sexual health clinic designed to meet the needs of its teenage patients by running the service outside of school hours and marketing the service by use of direct text messaging.
- The practice had sought to engage younger patients by use of a Twitter account and the use of text messaging to remind patients about appointments.

Working age people (including those recently retired and students)

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

- 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 reflected the needs for this age group.
- The practice had engaged with their patient reference group (PRG) to explore the option of extended opening hours but this was found not to be required; however medical consultation times were flexible throughout the day between 8.30am and 6pm in response to patient request. In addition the practice were able to accommodate patient needs outside of these hours when appropriate or necessary.
- We saw evidence that 51% of patients eligible for the 40-74 year NHS Health Check had been seen in the previous year.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- It offered longer appointments and annual reviews for people with a learning disability. The practice demonstrated that 77% of this group of patients had received their annual review in the past year.
- Those patients identified as being extremely vulnerable were given same day access to appointments.
- 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 in the area such as Calderdale Carers Project.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 73% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- 96% of people with schizophrenia or other psychoses had a comprehensive agreed care plan documented in the last 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.
- The practice gave patients experiencing poor mental health information about how to access various support groups and voluntary organisations.
- 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 had a good understanding of how to support people with mental health needs and dementia.
- An in-house counsellor, funded by the practice, ran a weekly clinic offering support for patients experiencing emotional difficulties.

Good



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 slightly below local and national averages in some respects. There were 284 survey forms distributed and 124 were returned. This represents a response rate of 43.7% of forms distributed, and 2.5% of the patient population as a whole.

- 69% found it easy to get through to this surgery by phone compared to a CCG and national average of 74%
- 84% found the receptionists at this surgery helpful compared to a CCG average of 86% and national average of 87%.
- 88% 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 national average of 85%.
- 92% said the last appointment they got was convenient which was the same as the CCG and national averages of 92%.
- 70% described their experience of making an appointment as good compared to a CCG and national average of 73%.
- 64% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 70% and national average of 65%.

The practice had acknowledged on the difficulties expressed by patients in getting through to the surgery by phone and had developed policies and procedures to improve this experience. For example telephone requests for prescriptions were no longer accepted; patients were asked to phone the practice after 10.30am for services other than appointments. Extra staff had been made available during busiest times and outgoing calls by staff were restricted during these periods. In addition three dedicated phone lines had been made available to deal with incoming calls requesting appointments. The practice was continually reviewing their appointment processes in order to increase efficiency and reduce patient waits.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards and one letter, which were all positive about the standard of care received. Patients described their experience of using the service as positive, citing GPs, nurses and other staff as caring, friendly and approachable. Some patients commented that they found it difficult accessing the surgery by telephone in the morning, but all stated they were happy with the standard of care received.

We spoke with eight patients during the inspection, three of whom were members of the patient reference group (PRG). All the patients we spoke with said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Outstanding practice

- The practice had developed a weekly nurse led drop-in contraception and sexual health clinic aimed specifically at teenage patients. We saw evidence that the service was accessed by a broad range of age groups including teenagers, and that patient feedback was very positive about the service.
- In-house counselling which was funded by the practice, provided additional support for patients experiencing emotional difficulties.

Stainland 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 advisor, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to Stainland Road Medical Centre

Stainland Road Medical Centre is situated approximately three miles south of Halifax town centre. It is housed in purpose built premises and the practice moved into the premises approximately 10 years ago. The practice has a list size of 11117. The vast majority of their patients are white British. Less than 4% of their patients are of a black or ethnic minority origin. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England. They offer a range of enhanced services such as minor surgery and childhood immunisations.

There are eight GPs, six GP partners and two salaried GPs. Six of the GPs are female and two male. The practice is also staffed by two female nurse practitioners, three practice nurses, all female and one female health care assistant (HCA). The clinical team is supported by a practice manager, office manager and data quality manager as well as a range of administrative and reception staff. The practice is a training practice which means it supports the specialised training of qualified doctors wishing to specialise in General Practice.

The practice catchment area is classed as being within the group of the third least deprived areas in England. The age profile of the practice shows a slightly higher than average percentage of the 40-59 year age group.

Stainland Road Medical Centre is open between 8.30am and 6.30pm Monday to Friday. Several clinics are held each week at the practice including family planning, epilepsy, antenatal and postnatal clinic, podiatry and well baby clinic.

Out of hours cover is provided by Local Care Direct and is accessed via the surgery telephone number or by calling the NHS 111 service.

Stainland Road Medical Centre is registered with the CQC to provide diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning and maternity and midwifery services.

Why we carried out this inspection

We inspected this service as part of our new 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, Friends and Family Test (FFT) and information and feedback on NHS choices. In addition we contacted one local nursing home whose residents were registered at the practice for their feedback.

We carried out an announced inspection on 16 December 2015. During our visit we:

- Spoke with a range of staff including four GPs, one practice nurse, the practice manager, operations manager and two members of the administration team .
- We also spoke with the midwife attached to the practice and we spoke with eight patients, three of whom belonged to the patient reference group (PRG).
- We received 21 comment cards and one letter. 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.

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 and any learning was disseminated to staff as appropriate.

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, an incident occurred when a patient with dementia had been discharged from hospital with a discharge summary which directed that a steroid medication should be stopped abruptly. The practice recognised that a sudden interruption to such medicines would be detrimental to the patient's health and had liaised with the patient's nursing home to ensure that the medication was slowly reduced rather than stopped abruptly. The incident had also been discussed with the medicines management team. 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, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The 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 liaised with the health visitor on a regular basis and provided medical

information for safeguarding meetings when possible. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- Notices in clinical areas 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 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 control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example fabric curtains in examination rooms had been replaced with disposable curtains, and hand wash dispensers had been attached to the wall in clinical rooms.
- 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. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed three staff records 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 (DBS).

Monitoring risks to patients

Are services safe?

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 (COSHH), infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff skills needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that there were sufficient staff on duty. Annual leave was co-ordinated in advance to ensure adequate cover across all staff disciplines. A 'buddy' system was in place for GPs to ensure that patient test results, hospital letters and other correspondence was reviewed in a timely manner and any necessary follow up action taken.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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.
- The practice made use of a 'WhatsApp' mobile application which allowed the practice to disseminate key messages to several members of staff at the same time, both in working hours and out of hours.

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 National Institute for Health and Care Excellence (NICE) and used this information to deliver care and treatment that met peoples' needs, for example guidelines for treatment of cancer.
- 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 Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a voluntary system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.2% of the total number of points available, with 6.6% 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 excluded 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;

- Performance for diabetes related indicators were higher than the CCG and national averages. For example the percentage of patients newly diagnosed with diabetes on the register who had been referred to a structured education programme within nine months after entry onto the diabetes register was 100% compared to a CCG average of 95.6% and national average of 90.3%.
- The percentage of patients with hypertension having regular blood pressure tests was 93.5% which was higher than the CCG and national averages which were 91.1% and 91% respectively.

- Performance for mental health related indicators were higher than the CCG and national averages. For example the percentage of patients with schizophrenia or other psychoses who had a blood pressure reading recorded in the preceding 12 months was 97.9% compared to a CCG average of 90.9% and national average of 89.5%.
- Dementia indicators were lower than CCG and national averages. For example the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months were 75.3% compared to a CCG and national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been several clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example an audit of emergency contraception was carried out, looking at latest guidelines and reviewing patient records to determine rationale for treatment of choice. As a result clinicians were discussing a range of options with patients, and recording full details of the consultation.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. The practice were part of the Primary Care Research Network and had worked on a project looking at the early diagnosis of rheumatoid arthritis. They were also participating in the HEAT project in conjunction with a local university. This involved a screening test to detect evidence of upper gastro-intestinal bleeds such as found in patients with ulcers.
- Findings were used by the practice to improve services. For example, recent action taken as a result included re-evaluating antibiotic prescribing patterns to ensure consistency of approach by all clinicians when deciding when to prescribe antibiotics and which antibiotic to prescribe as well as a documented rationale for clinical decisions made.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example 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 scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision 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 had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example with out of hours (OOH) services and 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, including when they were referred, or after they

were discharged from hospital. We saw evidence that multidisciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated.

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. The practice was participating in the Productive General Practice initiative (a CCG wide initiative) which focused on key performance areas. A 2015 priority for practices was developing a care pathway for patients cared for under Deprivation of Liberty Safeguards (DOLS). Staff were able to give clear examples of when these safeguards would be in place, and the responsibility of GPs in such cases.

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 treatment without the consent or knowledge of the parent or guardian. Staff were able to give good examples of when this guidance had been used effectively.

- Consent was sought before any intervention and was recorded on the patient electronic record. Written consent was obtained and scanned onto the patient record for more invasive procedures such as minor surgical procedures.

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. Patients were then signposted to the relevant 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 85.1%, which was

Are services effective?

(for example, treatment is effective)

higher than the CCG average of 80.3% and the national average of 76.7%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were higher than CCG and national averages. For example, childhood immunisation rates for the vaccinations given to

under two year olds ranged from 96.3% to 100% and five year olds from 95.6% to 99.3%. Flu vaccination rates for the over 65s were 76%, and at risk groups 61%. These were also higher than CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. We saw evidence that 51% of eligible patients had received this intervention in the previous year. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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.
- 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 21 patient CQC comment cards and one letter we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with three members of the patient reference group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 93% said the GP was good at listening to them compared to the CCG and national average of 89%.
- 89% said the GP gave them enough time compared with the CCG average of 88% and national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared with the CCG and national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 87% and national average of 85%.

- 89% said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 91% and national average of 90%.
- 84% said they found the receptionists at the practice helpful compared with 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:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 83% and national average of 81%.

Only a very small number of patients did not have English as a first language but staff told us face to face interpreters were booked when needed. One patient we spoke with on the day of our inspection confirmed this was the case and that a face to face interpreter had been used for their family member when it was required.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. When patients were identified as carers they were offered a GP appointment to review their health needs. They were given priority access for appointments and were offered the annual influenza vaccination. The practice was able to signpost carers onto local support groups such as Calderdale Carers Project and Age Concern.

Are services caring?

Staff told us that when patients were approaching the end of life GPs gave families their personal mobile numbers so they could be contacted easily outside of normal working hours if support was needed. Frequent, daily home visits were offered when required for these patients.

When families had experienced bereavement, their usual GP assessed the situation and a home visit or telephone call was offered to the family.

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. For example patients said they did not fully understand the role of the nurse practitioner, the training they had received or the conditions they were able to treat. In response the practice had published further information on their website and in the practice. They had also provided access to online appointment booking for nurse practitioner appointments alongside GP appointments.

- The practice did not have extended opening hours. However they told us that they would make every effort to accommodate patient needs, either by offering appointments before surgery started or at the end of surgery when it was necessary or appropriate to do so.
- Those patients with a learning disability were offered longer appointments of up to 40 minutes.
- Home visits were available for housebound or very sick patients.
- All patients registered at the practice who resided in a residential or nursing home were offered a review with their named GP on a six monthly basis.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had good facilities for patients with mobility problems or those patients who used a wheelchair. All the consulting rooms were on the ground floor. A lift was available to access the first floor if needed.
- Sign language interpreters were available for those patients with hearing impairment and face to face interpreters could be booked for those patients who did not have English as a first language.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were available until 6pm every day. There was a GP on call until 6.30pm each day. Urgent same day appointments were available when needed as well as pre-bookable appointments which could be booked up to four weeks in advance.

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. People on the day described mixed experiences of getting appointments when they needed them.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 69% patients said they could get through easily to the surgery by phone compared with the CCG average of 74% and national average of 73%.
- 70% patients described their experience of making an appointment as good compared with the CCG and national average of 73%.
- 64% patients said they usually waited 15 minutes or less after their appointment time compared with the CCG average of 70% and national average of 65%.

Listening and learning from concerns and complaints

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

- Their 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. A complaints poster was in the waiting area and a complaints leaflet was available which explained the process for making a complaint.

We looked at 20 complaints received in the last 12 months and found these were satisfactorily handled and were dealt with in a timely way. We saw the practice was open and transparent in dealing with the complaint. Records were kept of complaints received. Any action needed as a result of a complaint was shared and disseminated at the time and an annual meeting was held to review all complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example when a patient complained that they had not been able to obtain a prescription for a regular

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

medicine they were taking, the practice suggested that the medicine be placed on a repeat prescription basis to ensure that in future the medicine was available at the time it was needed by the patient.

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. All staff we spoke with told us they understood and agreed with the practice values which were to provide a high quality caring service to patients. Staff spoke enthusiastically about working at the practice and told us they felt supported to learn and develop in their role.

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 staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- All staff contributed to the performance of the practice for example in relation to QOF outcomes and patient survey results.
- Clinical and internal audits were used to continually monitor quality and improve on standard of care provided.
- There were robust arrangements for identifying, recording and managing risks, and for implementing mitigating actions

Leadership, openness and transparency

The partners and leadership team in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners and management team were visible in the practice. Staff told us that the partners were approachable but professional.

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 support which was reasonable with truthful information and a verbal and written apology. For example a patient whose scan appointment had been delayed due to a mix up of patient names was given a clear explanation of how the error had occurred and a full apology was given.
- Records were kept of significant events, near misses and clinical errors.

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

- Regular team meetings were held.
- The practice held regular team building events such as archery or climbing which were well attended by all staff,
- Staff said they felt respected, valued and supported.
- An external facilitator/counsellor had been utilised to help the practice streamline their approach to chairing and managing meetings to encourage maximum participation and engagement from all staff.

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 six monthly basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, it was identified that patients were unaware of or misunderstood many practice procedures and services. As a result a newsletter had been produced which was distributed via reception, on the website and was included in any letters sent to patients.

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 had been involved in a project looking at early

Are services well-led?

Good 

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

diagnosis of rheumatoid arthritis. In addition they were involved in the HEAT project which used a breath test to help diagnose and identify patients with upper gastro-intestinal bleeds, such as are associated with ulcers.