

Thornhill Lees Medical Centre

Quality Report

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Date of inspection visit: 9 August 2016

Date of publication: 21/10/2016

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

Ratings

Overall rating for this service		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 Thornhill Lees Medical Centre on 9 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. The pharmacist told us that the GP was an effective prescriber who engaged well on projects to improve prescribing.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice offered extended hours appointments on a Monday, Thursday and Friday evening until 7.30pm for working patients who could not attend during normal opening hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had extensively renovated the branch surgery and installed an accessible bathroom at the main surgery. A lift was installed at the branch practice and all services at the main surgery were at ground floor level.

Summary of findings

- 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.

The areas where the provider should make improvements are:

- Review the arrangements in place for the periodic testing of all portable electrical equipment.
- Review the labelling arrangements for clinical waste bags to be able to identify the source of the waste in line with current legislation and guidance.
- Assess whether non-clinical long standing members of staff should have DBS checks.
- The practice should risk assess the need for emergency oxygen to be kept on the premises.
- Provide safeguarding training for the healthcare assistant to level two.

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 and lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. The pharmacist told us that the GP was an effective prescriber who engaged well on projects to improve prescribing.
- The practice had a system to ensure patient safety alerts were received and acted upon.
- The practice maintained appropriate standards of cleanliness and hygiene and we saw evidence that action was taken to make improvements. For example, hand wash sinks were replaced. The branch practice had been extensively renovated; IPC compliant flooring, sinks and fixtures were installed.
- The practice had a defibrillator available at both locations but there was no emergency oxygen.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Only domestic electrical equipment was checked to ensure that it was safe to use. Electrical equipment in clinical rooms was not checked periodically. For example, IT equipment and extension leads and sockets.
- Risks to patients were assessed and well managed. The practice had up to date fire risk assessments at both locations and action was taken to improve fire safety.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- The GP, nurse and healthcare assistant worked together to plan and manage patient care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of quality improvement including clinical audit.
- Meetings took place with other health care professionals including health visitors, the community matron and palliative care nurses on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.
- 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. We saw comprehensive care plans were in place.
- 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?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. However, patients on the day of the inspection told us they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Five patients commented that the GP was very good at listening to their concerns.
- 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.
- Staff could speak other languages appropriate for their patient group; including Gujarati, Urdu and Punjabi.
- 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. Written information was available to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- 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 offered services in line with the CCG 'care closer to home' policy. For example, phlebotomy and electrocardiograms (ECGs). This is a test which measures the electrical activity of the heart.
- The practice offered extended hours appointments on a Monday, Thursday and Friday evening until 7.30pm for working patients who could not attend during normal opening hours.
- 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 offered telephone consultations for patients who couldn't attend the surgery.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice had extensively renovated the branch surgery and installed an accessible bathroom at the main surgery. A lift was installed at the branch practice and all services at the main surgery were at ground floor level.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- There was a practice website. However, we found this was difficult to navigate and information about staff was not up to date. The website included health information and links to other relevant organisations.

Are services well-led?

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

- The practice had a vision to provide high standards of medical care and to treat all patients and staff with equal dignity, respect and honesty. 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.
- 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.

Good



Summary of findings

- Staff told us there was an open culture within the practice, they discussed issues together on a daily basis and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Uptake rates for screening were low. For example, 41% of patients aged 60 to 69 were screened for bowel cancer in the preceding 30 months (CCG average 55%, national average 58%).
- Older people with frequent hospital accident and emergency (A&E) or out-of-hours contact were included on the avoiding unplanned admissions register. This provided patients with priority for appointments and an individual care plan which enhanced GP awareness of any specific needs.

People with long term conditions

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

Good



- The GP worked closely with the practice nurse and the healthcare assistant in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice worked closely with the community matron in the management of housebound patients who had complex long term conditions, to ensure they received the care and support they needed.
- The GP was the diabetic lead and could initiate diabetic medication. Performance for diabetes related indicators was better than the national average. Data showed that 97% of patients with diabetes had a record of a foot examination and risk classification in the preceding 12 months (CCG average 89%, national average 88%).
- Longer appointments and home visits were available when needed.

Summary of findings

- 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

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.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Appointments were available with both male and female GPs.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



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 reflects the needs for this age group.
- The practice offered telephone consultations for patients who couldn't attend the surgery.
- The practice offered extended hours appointments on a Monday, Thursday and Friday evening until 7.30pm for working patients who could not attend during normal opening hours.

Good



Summary of findings

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



- 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.
- 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)

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

Good



- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is better than the CCG average of 83% and the national average of 84%.
- Data showed that 94% 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 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 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 patients with mental health needs and 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 below local and national averages. 319 survey forms were distributed and 114 were returned giving a response rate of 36% (national average 38%). This represented just over 2% of the practice's patient list.

- 60% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 73% 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 76%.
- 75% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 66% 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 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Seven patients described the service as excellent and 10 commented that the staff and service was very good. Five patients commented that the GP listened to their concerns.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They all said they could get appointments when they needed them and the GP listened to them during consultations.

The results of the NHS Friends and Family Test for the preceding 12 months showed that of 145 responders, 136 patients were extremely likely or likely to recommend the practice to a friend or family member.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Review the arrangements in place for the periodic testing of all portable electrical equipment.
- Review the labelling arrangements for clinical waste bags to be able to identify the source of the waste in line with current legislation and guidance.
- Assess whether non-clinical long standing members of staff should have DBS checks.
- The practice should risk assess the need for emergency oxygen to be kept on the premises.
- Provide safeguarding training for the healthcare assistant to level two.

Thornhill Lees Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

Background to Thornhill Lees Medical Centre

Thornhill Lees Medical Centre provides primary care medical services under a personal medical services contract to 4905 patients in Thornhill Lees, Dewsbury.

- There is one full time male GP and one female part time GP. A female practice nurse and a female health care assistant. The practice is currently seeking a GP partner.
- The main surgery at Thornhill Lees is open:
 - Monday 8.30am to 4pm
 - Tuesday 8.30am to 6.30pm
 - Wednesday 8.30am to 4pm
 - Thursday 8.30am to 6.30pm
 - Friday 8.30am to 6.30pm
- The branch surgery on Savile Road is open every morning between 8.30 am and 12 noon Monday to Friday and Monday afternoons from 3pm to 6.30pm
- Extended Hours are at Savile Road on Monday until 7.30pm and at Thornhill Lees on Thursday and Friday until 7.30pm.

Appointments are available from:

Savile Road Surgery

- Mon 9am to 12pm
- Tues 9am to 10:30am
- Weds 9am to 10:30am

- Thurs 9am to 12pm
- Fri 9am to 10:30am

Thornhill Lees Surgery Appointment Hours:

- Mon 12:30 to 1:30pm and 3pm to 7:30pm
- Tues 11am to 1:30pm and 3pm to 6:30pm
- Weds 11am to 1pm and 2pm to 4pm
- Thurs 12:30 to 1:30pm and 3pm to 7pm
- Fri 11am to 12pm and 3pm to 7:30pm
- The branch practice has been extensively renovated and is fully accessible.
- 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 ours provider for North Kirklees.
- The location is on the third most deprived decile in the scale of deprivation. Levels of unemployment are twice the national average. Forty six percent of patients are from BME populations.

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 the GP, practice manager and administrative staff and spoke with patients who used the service.
- Observed how staff interacted with patients and carers in the reception and waiting areas
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager or lead GP of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

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, The GP introduced a regular audit to ensure patients taking dapagliflozin medication had regular kidney function tests. Dapagliflozin is a medicine used to treat type two diabetes in certain patients. The practice had a system to ensure patient safety alerts were received and acted upon.

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 and there was a safeguarding flowchart and policy in each surgery if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other

agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child safeguarding level three. The healthcare assistant and administrative staff were trained to safeguarding level one.

- Notices in the waiting room and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. Not all staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had discussed and sought further advice on whether DBS checks were necessary. The practice manager gave assurances that they would carry out and document risk assessments.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead GP 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. Infection control audits were undertaken, the last ones were carried out in 2014 and we saw evidence that action was taken to address any improvements identified as a result. For example, hand wash sinks were replaced. The branch practice had been extensively renovated; IPC compliant flooring, sinks and fixtures were installed. Handwashing and waste segregation advice was displayed in clinical areas. We saw evidence that action was taken after a member of staff had a needle stick injury.
- The practice displayed information for staff to ensure that clinical waste was segregated and stored appropriately. However, bags were not labelled to identify the source of the waste as required in Health Technical Memorandum 07-01: Safe management of healthcare waste. The practice manager gave assurances that clinical waste bags would be labelled in the future.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There was an effective system to monitor and record the

Are services safe?

temperatures of the vaccine fridges and monitor stock. We saw evidence that action was taken to destroy vaccines when the temperature of the vaccine fridge at the main surgery went out of the accepted range for the storage of vaccines in July 2016. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits and prescribing benchmarking with the support of the local CCG pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. The pharmacist told us that the GP was an effective prescriber who engaged well on projects to improve prescribing. For example, they had achieved an 18% reduction in the overall prescribing of benzodiazepines and a 33% improvement in the overall prescribing of certain antibiotics. Benzodiazepines are used to treat conditions such as anxiety and insomnia. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants 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 and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office at both locations which identified local

health and safety representatives. The practice had up to date fire risk assessments at both locations and action was taken to improve fire safety. For example, the fire alarm system at the branch practice had been recently upgraded and emergency exit signage and new fire extinguishers were installed. Staff carried out and documented regular fire drills.

- Only domestic electrical equipment was checked to ensure that it was safe to use. Electrical equipment in clinical rooms was not checked periodically. For example, IT equipment and extension leads and sockets. The practice manager took immediate action to document an inventory of all portable electrical equipment on the premises and arranged for periodic testing to be carried out. We saw that clinical equipment was checked to ensure it was working properly with the exception of the vaccine fridges and a blood pressure monitor and weighing scales in the midwife room at the main surgery. The practice manager thought the items may have been missed during the recent checks. Evidence was provided after the inspection that these items were calibrated. 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. The practice had a policy for legionella. They were seeking advice about the risks of legionella at both locations. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had a buddy arrangement with another local practice to cover for annual leave and sickness.

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 at both locations.

Are services safe?

- The practice had a defibrillator available at both locations but there was no emergency oxygen. The practice had not risk assessed whether emergency oxygen should be kept on the premises. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The lead GP had a copy at home.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The lead GP received NICE alerts which were discussed with the medicines management pharmacist who also performed searches for people on targeted drugs and sent reports or tasks for the GP to act on.
- Long term conditions, mental health and learning disability reviews were done effectively with the use of disease registers.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 99% of the total number of points available with 7% 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 not an outlier for any QOF (or other national) clinical targets. The GP, nurse and healthcare assistant worked together to plan and manage patient care. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the national average. Nine per cent of the patient list were diagnosed with diabetes (CCG average 6%, national average 5%). The GP was the diabetic lead and

could initiate diabetic medication. Data showed that 97% of patients with diabetes had a record of a foot examination and risk classification in the preceding 12 months (CCG average 89%, national average 88%).

- Performance for mental health related indicators was better than the national average. Data showed that 94% 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%).
- Performance for asthma related indicators was better than the national average. Eight per cent of the patient list were diagnosed with diabetes (CCG average 7%, national average 6%). Data showed that 85% of patients with asthma, on the register, had an asthma review in the preceding 12 months that includes an assessment of asthma control (CCG average 79%, national average 75%).
- Performance for hypertension related indicators was better than the national average. Data showed that the last blood pressure reading was within normal parameters for 89% in the preceding 12 months (CCG average 85%, national average 84%).

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring patients taking amiodarone medicine had thyroid function levels monitored regularly. Amiodarone is used to treat irregular heart rhythms.

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

Are services effective?

(for example, treatment is effective)

safety, health and safety and confidentiality. The practice manager was new in post. They had completed an induction and received a hand over from the previous practice manager.

- 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 providing smoking cessation advice.
- 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 and local healthcare assistant forums.
- 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 and the new practice manager had held initial one to one meetings to get to know staff.
- 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, in-house training and regular CCG organised training events.

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, medical records and investigation and test results and we saw comprehensive care plans were in place.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Referrals were done in a methodical manner and there were systems in place to make sure referrals did not get lost. All urgent referrals were documented and staff checked to make sure they had been received.

- We saw evidence of good communication with the out of hours care provider and electronic advice systems to avoid hospital admissions. The practice used electronic referrals to community health services where possible.

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 including health visitors, the community matron and palliative care nurses on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice used the Electronic Palliative Care Co-ordination Systems (EPaCCS) to enable the recording and sharing of people's care preferences and key details about their care at the end of life.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

Are services effective?

(for example, treatment is effective)

- Smoking cessation advice was available from the healthcare assistant. Data showed that 93% of patients aged 15 or over who were recorded as smokers had a record of an offer of support and treatment within the preceding 24 months (CCG and national average 87%).
- Alcohol advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and national average of 82%. 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 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. The

practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake was lower than local and national averages. For example, 41% of patients aged 60 to 69 were 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 the national average of 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 97% to 99%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains or screens 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 asked patients at the desk to write down information such as phone numbers to avoid other patients overhearing personal information. Staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff could speak other languages appropriate to their patient group, including Gujarati, Urdu and Punjabi.
- The practice had a system to identify patients with similar names on the clinical system to avoid patients being mixed up.

All of the 29 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. Five patients commented that the GP was very good at listening to their concerns.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. However, patients on the day of the inspection told us they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Five patients commented that the GP was very good at listening to their concerns.

For example:

- 75% of patients said the GP was good at listening to them compared to the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to 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 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 national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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. Staff were also able to speak different languages appropriate to their patient group including Punjabi, Gujarati and Urdu.
- Information leaflets were available in easy read format.

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 66 patients as carers (2% of the practice list). Carers were offered health checks, advice and flu vaccinations. Written information was available to direct carers to the various avenues of support available to them.

We saw evidence of good end of life care and bereavement support. Patients were discussed regularly with community health staff and care plans were updated. Patients and their families were provided with the GP's mobile phone number. Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice offered services in line with the CCG 'care closer to home' policy. For example, phlebotomy and electrocardiograms (ECGs). This is a test which measures the electrical activity of the heart.

- The practice offered extended hours appointments on a Monday, Thursday and Friday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, hearing loops and translation services available.
- The practice had extensively renovated the branch surgery and installed an accessible bathroom at the main surgery. A lift was installed at the branch practice and all services at the main surgery were at ground floor level.
- The practice offered telephone consultations for patients who couldn't attend the surgery.
- Staff could speak other languages including Gujarati, Urdu and Punjabi.
- There was a practice website. However, we found this was difficult to navigate, text was very small and information about staff was not up to date. The website included health information and links to other relevant organisations. Patients could order repeat prescriptions online.

Access to the service

The main surgery at Thornhill Lees was open on Monday 8.30am to 4pm, Tuesday 8.30am to 6.30pm, Wednesday 8.30am to 4pm, Thursday 8.30am to 6.30pm and Friday 8.30am to 6.30pm.

The Branch Surgery on Savile Road was open every morning between 8.30 am and 12 noon Monday to Friday and Monday afternoons from 3pm to 6.30pm.

Extended Hours clinics were offered at Savile Road on Monday until 7.30pm and at Thornhill Lees on Thursday and Friday until 7.30pm. Pre-bookable appointments could be booked up to one week in advance. Staff told us that appointments were booked in advance where transport for the patient or specialist interpreting services needed to be booked, urgent appointments were also available for people that needed them. All requests for urgent appointments were triaged by the GP.

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

- 67% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 60% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The feedback from patients we spoke with, and comment cards did not align with these results. Staff told us that they regularly reviewed access and the availability of appointments. People told us on the day of the inspection that they were able to get appointments when they needed them. Two patients also gave examples of where the GP had efficiently referred them to other health services.

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.

The GP 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.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

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

We looked at one complaint received in the last 12 months and found this were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with

the complaint etc. 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, the practice were encouraging patients to access medicines available over the counter instead of requesting prescriptions for them. They had sought advice from the medicines management team and posters were displayed at both locations to inform patients. The new practice manager noticed that patients were reluctant to complain in writing. They had created a template to record verbal complaints and we saw evidence that the practice responded to complaints from the suggestion box in the waiting areas.

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 vision to provide high standards of medical care and to treat all patients and staff with equal dignity, respect and honesty. Staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- At the time of the inspection there was a new practice manager who had been in post for one week. They were keen to support the GP and oversee the safe running of the practice.
- The GP and practice manager had strong involvement with the CCG and other GP practices through membership of Curo (which is a federation of GP practices in North Kirklees), the local GP cluster group, practice management forums and attendance at peer review and CCG organised events.
- The practice had plans to improve the premises at the main surgery.

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. Records of staff training were kept by the practice manager.
- Practice specific policies were implemented, reviewed regularly and were available to all staff. Clinical and non-clinical staff were all aware of practice policies and there were regular minuted meetings of clinical staff to allow effective communication.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The new practice manager had identified risks relating to fire safety and prioritised improvements to both premises.

Leadership and culture

On the day of inspection the GP and practice manager 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 GP and practice manager were approachable, supportive and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The 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 reviewed minutes of staff meetings and saw evidence of discussions. For example, booking patients for vaccinations, telephone access and the availability of appointments. Minutes of meetings were circulated by email to all staff.
- Staff told us there was an open culture within the practice, they discussed issues together on a daily basis and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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

The practice encouraged 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), comment boxes in reception, through the national GP survey and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the availability of appointments and the information available to patients in the waiting areas.
- 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. As several staff members were part time the practice also made use of tasks on the computer system and emails to communicate.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The GP and practice manager had strong involvement with the CCG and other GP practices through membership of Curo (which is a federation of GP practices in North Kirklees), The local GP cluster group, practice management forums and attendance at peer review and CCG organised events. They had invested in significant improvements at both locations. The practice had plans to further improve the premises at the main surgery.