

Healds Road Surgery

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?	Requires improvement		
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 Healds Road Surgery on 7 January 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice did not have effective systems to ensure the vaccination fridge was monitored correctly. Past records of maximum temperature readings were consistently above the acceptable range for the storage of vaccines from January to June 2015.
- Risks to patients were assessed and well managed.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice took a whole team approach to improving outcomes for patients.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- 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.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff who all had clear responsibilities in relation to the vision.

Summary of findings

- 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.
- 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 one area of outstanding practice:

The practice had increased the uptake of cervical smears from 60% to 72% in the preceding 12 months by employing a bilingual nurse who audited patient uptake, identified barriers to attendance and created an action plan to remove them. As a result patients were actively encouraged to attend, the recall system and invitation letters were reviewed and evening appointments were offered.

The areas where the provider must make improvements are:

- Implement systems to effectively monitor the temperature of the vaccine fridge and take action where the temperature falls outside accepted range. Ensure the temperature of the vaccine fridge is calibrated at least every month against an independently powered external thermometer.

The areas where the provider should make improvements are:

- Ensure the practice has a system for production of Patient Specific Directions (PSDs) to enable Health Care Assistants to administer vaccinations
- Ensure information is available to complainants about how to take action if they are not satisfied with how the provider manages and/or responds to their complaint.
- Ensure there are systems and processes that assure compliance with statutory requirements and safety alerts.
- Ensure policies and procedures are up to date and in line with current legislation and guidance.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Risks to patients were assessed and well managed and recognised as the responsibility of all staff.
- There was an effective system in place for reporting, recording and analysing significant events.
- The practice did not have effective systems to ensure the vaccination fridge was monitored correctly. Records of maximum temperature readings were consistently above the acceptable range for the storage of vaccines from 1 January to 29 June 2015. The practice took immediate action to review procedures and systems for monitoring the fridges.
- The practice had arrangements for nurses to safely administer medications under patient group directions. However the arrangements to enable healthcare assistants to administer medications were insufficient. The practice took immediate action to review procedures and ensure they met national guidance.
- National patient safety alerts were received and made available to staff on a noticeboard. However, there was no process to demonstrate that staff had received and acted upon them.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local

Summary of findings

providers to share best practice. For example, a whole team approach to improving outcomes for patients with long-term conditions and the uptake of screening services. Nominated staff members had specific roles and had undertaken additional training to proactively contact patients to discuss the importance of attending for appointments, tests and reviews.

- Data showed that the practice had significantly improved patient outcomes. For example, the uptake of cervical screening had increased by 12% from 60% in 2013/14 to 72% in 2014/15 and data showed that practice achievements for patients with diabetes had increased by 18% from 72% in 2013/14 to 90% in 2014/15.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice had analysed the needs of patients and the skill mix of staff to ensure that staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services

- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture. For example, the practice considered the cultural and health needs of the patient population when planning the recruitment of staff.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, the GPs provided the families of patients at the end of life with their mobile phone number and came into the practice during the holiday period to provide a death certificate. A prayer room was also made available for patients.
- Data showed that how patients rated the practice was mixed compared to national and local averages. The practice had discussed the survey results and taken action to improve services for patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice 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, hosting other local services for patients including hearing and renal clinics.
- There were innovative approaches to providing integrated person-centred care. For example, administrative staff were involved in the system to improve patient care. Staff told us they felt empowered and felt they were actively making a difference to patient care.
- The practice had reviewed the results of the national GP patient survey, implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, a system was introduced to manage the demand for same day appointments.
- The practice had increased the number and skill mix of staff to meet the needs of patients. The cultural needs of patients were considered when recruiting staff. Some reception and clinical staff members were bilingual in Punjabi, Urdu and Gujarati.
- People could access appointments and services in a way and at a time that suited them, with urgent appointments available the same day. National GP patient survey data showed 84% of respondents found it easy to get through to this surgery by phone compared to a CCG average of 66% and a national average of 73%.
- The practice made use of telephone triage and consultations. Late appointments were offered on Thursdays. The practice accommodated all call-back requests where patients were unable to afford the cost of the telephone call. The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice recognised that high numbers of patients had failed to attend for appointments and had introduced telephone reminders.

Summary of findings

- Information about how to complain was available and easy to understand but did not include how to contact the patient advocacy service. 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. All staff were clear about the vision and their responsibilities in relation to this.
- High standards were promoted and owned by all practice staff and teams worked together across all roles. For example, clinical and administrative teams had specific targets, they worked together to improve patient outcomes.
- There was a high level of constructive engagement with staff and high levels of staff satisfaction, all staff members understood the key challenges and targets for the forthcoming year.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice recognised that many of the practice population were of Asian background and therefore employed people who could communicate with patients and encourage the uptake of screening, particularly vulnerable female patients.
- The practice employed a business manager and had an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. Staff told us they were encouraged to learn and develop in their role.

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.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 63% which was lower than the CCG and national averages of 73%. However, the practice had increased uptake by 4% since 2013.
- There was a system to issue and deliver prescriptions without patients having to visit the surgery.
- The practice had identified patients over the age of 75 who found it difficult to access the surgery or had not been diagnosed with any condition and offered a mental and physical health review.
- They offered a locally commissioned enhanced service to all patients over the age of 75. A live document held in the patients records held details of reviews, medications and agreed care plans, this was shared with the patient and other health and social care professionals involved in the patient's care.

People with long term conditions

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

Good



- Staff members contacted all patients who had failed to attend for their condition review on a weekly basis to ensure they were informed of the importance of regular reviews, to encourage attendance and identify and remove barriers to them attending.
- The practice had identified its low achievements in diabetes and used the whole team approach to improve outcomes for patients. As a result data showed achievements for diabetes were 90% for 2014/15 compared to the CCG average of 91% which was a 17% improvement from the previous year.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

- The practice had employed Advanced Nurse Practitioners with backgrounds in hospital accident and emergency departments to advise patients how to manage their conditions and prevent avoidable hospital admissions.
- Administration staff had received specialist training and were given lead roles to improve QOF outcomes. They worked closely with nursing staff to proactively contact patients with long term conditions to ensure they knew the importance of attending review appointments.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Combined clinics were held between GPs, nurses and healthcare assistants to ensure that patients with complex conditions could be reviewed in a single appointment where possible.
- The practice hosted a health trainer who held weekly clinics for patients with long-term conditions to help co-ordinate the care they received.

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 A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. For example, uptake rates for the vaccinations given to under two year olds ranged from 97% to 99% and five year olds from 90% to 95%.
- 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 had increased the uptake of cervical screening by 12% from 60% to 72% (national average 82%) in the preceding 12 months by identifying and removing barriers to uptake and actively encouraging patients to attend.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- Same day access for babies and young children was prioritised.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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.
- Late appointments and phlebotomy clinics were offered every Thursday and the practice offered same day telephone consultations for working people.
- Patients could attend the open access phlebotomy service every morning Monday to Friday without an appointment.

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.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- They offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- They had identified vulnerable patients and told them about how to access various support groups and voluntary organisations. For example, victims of domestic abuse.
- 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.
- The practice accommodated all call-back requests where patients were unable to afford the cost of the telephone call.

Good



Summary of findings

- Female patients from ethnic minority groups who may be vulnerable for cultural reasons had access to female clinical staff who were fluent in a range of languages including Punjabi, Urdu and Gujarati.

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).

- 94% of people diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months compared to the national average of 88%.
- 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months compared with the national average of 88%
- The practice actively worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- They 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.
- They 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.
- The practice was a designated Dementia Friendly Practice and staff had received additional training to better understand the needs of this group.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2015. The results for the practice were mixed and showed the practice was performing below local and national averages in some areas. A total of 415 survey forms were distributed and 86 were returned giving a response rate of 21%. This represents 1% of the practice population.

Of these responses:

- 84% found it easy to get through to this surgery by phone compared to a CCG average of 66% and a national average of 73%.
- 80% found the receptionists at this surgery helpful (CCG average 83%, national average 87%).
- 70% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 90% said the last appointment they got was convenient (CCG average 93%, national average 92%).
- 57% described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 42% usually waited 15 minutes or less after their appointment time to be seen (CCG average 67%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. Comments included that staff were caring, helpful and respected patients.

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

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Implement systems to effectively monitor the temperature of the vaccine fridge and take action where the temperature falls outside accepted range. Ensure the temperature of the vaccine fridge is calibrated at least every month against an independently powered external thermometer.

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Ensure the practice has a system for production of Patient Specific Directions (PSDs) to enable Health Care Assistants to administer vaccinations
- Ensure information is available to complainants about how to take action if they are not satisfied with how the provider manages and/or responds to their complaint.
- Ensure there are systems and processes that assure compliance with statutory requirements and safety alerts.
- Ensure policies and procedures are up to date and in line with current legislation and guidance.

Outstanding practice

We saw one area of outstanding practice:

The practice had increased the uptake of cervical smears from 60% to 72% in the preceding 12 months by employing a bilingual nurse who audited patient uptake, identified barriers to attendance and created an action

plan to remove them. As a result patients were actively encouraged to attend, the recall system and invitation letters were reviewed and evening appointments were offered.

Healds Road Surgery

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 second CQC inspector, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to Healds Road Surgery

Healds Road Surgery provides primary care services to 7880 patients under a Personal Medical Services (PMS) contract.

The area is in the first decile on the scale of deprivation, 76% of the patients are from Black and Minority Ethnic populations.

The practice is located in purpose built two storey premises situated opposite Dewsbury & District hospital on Healds Road. The premises are fully accessible to wheelchair users. A large car park with disabled spaces is available.

The practice hosts a dental surgery, a pharmacy and outpatient clinics including audiology and consultant led renal services. There is a minor surgery suite and the GPs accept referrals from other local GP practices for this service.

There are three GPs, 2 male and one female, 5 advanced nurse practitioners, two practice nurses, three healthcare assistants and an administrative team including a business manager and a practice manager.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 6pm daily. Extended hours surgeries are offered until 8.30pm on Thursdays.

When the practice is closed out of hours services are provided by Local Care Direct and NHS 111.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 January 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses and administration staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed 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 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 which were discussed at staff meetings and an annual meeting to identify themes and trends.

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. National patient safety alerts were received and placed on a staff noticeboard for the attention of clinical staff. However, there was no process to demonstrate that staff had received and acted upon them. The practice gave assurance that a system would be introduced to evidence that the appropriate action is taken.

When there were unintended or unexpected safety incidents, people received appropriate support, truthful information, a verbal and written apology and are 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 attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All GP staff were

trained to Safeguarding level three. An action flowchart was created and lessons had been shared with all staff members after a safeguarding incident was witnessed by practice staff.

- A notice in the waiting room and consulting rooms advised patients that nurses would act as chaperones, if required. A chaperone policy was available and all staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. An external company were employed to provide cleaning services. We observed the premises to be clean and tidy. A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local 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 IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Medicines and emergency drugs were appropriately stored, in date and secure. The arrangements for prescribing and recording were in accord with accepted guidance. Prescription pads were securely stored and there were systems in place to monitor their use.
- The practice carried out regular medicines audits, with the support of the North Kirklees CCG medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However the arrangements to enable healthcare assistants to administer medications were insufficient. The practice took immediate action to review procedures and ensure they met national guidance.
- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

The practice did not have effective systems to ensure the vaccination fridge was monitored correctly. Maximum temperature readings recorded were consistently above the acceptable range for the storage of vaccines from 1 January to 29 June 2015. Staff responsible for monitoring the temperature of the fridge had not reported the temperatures therefore no action had been taken to ensure that the fridge was functioning correctly or to ensure staff were following the correct procedure for reading and re-setting the temperature gauge or to check the viability of the vaccines. The practice took immediate action to refresh staff training to ensure they were undertaking daily checks correctly and evidence was provided that the fridge had been serviced and calibrated. The practice manager provided assurance that an independently powered temperature gauge would be purchased and the cold chain protocols reviewed to ensure they met Public Health England Guidance. The practice were asked to seek guidance from Public Health England for vaccinations administered between 1 January and 29 June 2015.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. Staff had received fire safety training and serviced fire extinguishers were available throughout the premises. Electrical equipment had not been checked in the last 12 months to ensure the equipment was safe to use. The practice manager assured us that this would be addressed as a priority.

- Clinical equipment was checked and calibrated to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Clinics and appointments were reviewed weekly to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had effective 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 utility room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There were also spillage kits and 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 94% of the total number of points available, with 19% exception reporting. The practice had reviewed their QOF performance and was taking action to improve it. This practice was an outlier for seven QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. The total QOF achievement for diabetes was 90% compared to the CCG average of 91% and the national average of 89%. The nurse lead for diabetes was undertaking an audit of patients identified as pre-diabetic to invite them for reviews and monitor their condition.
- 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months compared with the national average of 88%.
- 94% of patients diagnosed with dementia had been reviewed in a face-to-face review in the preceding 12 months compared to the CCG average of 83% and the national average of 84%.

The uptake of cervical smears was highlighted for further enquiry. The practice had increased the uptake of cervical

smears from 60% to 72% in the preceding 12 months by employing a bilingual nurse who audited patient uptake, identified barriers to attendance and created an action plan to remove them. As a result patients were actively encouraged to attend, the recall system and invitation letters were reviewed and evening appointments were offered.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included removing methotrexate (which is a medication used to treat rheumatoid arthritis) from repeat prescribing and ensuring a GP authorised each prescription.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months. Staff told us they felt encouraged to develop in their role and were well supported.
- Staff received training that included: safeguarding, fire procedures, basic life support and information

Are services effective?

(for example, treatment is effective)

governance awareness. Staff had access to and made use of e-learning training modules and in-house training and were able to describe their responsibilities in relation to these areas.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services or receiving referrals for the minor surgery service.
- The practice had sought to improve the management of patients with long term conditions by using a whole team approach. Administrative team members had received training and were each responsible for a QOF condition target and they liaised with the appropriate clinician on a weekly basis. Administrative staff actively contacted patients to discuss their wellbeing, remind them of their review appointments and encourage attendance. Administrative staff members told us they felt empowered by this responsibility and felt they were contributing to the health improvements made by the practice.

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 are discharged from hospital. We saw evidence that partners meetings took place every two weeks and multi-disciplinary team meetings took place on a monthly 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.
- When providing care and treatment for children and young people, staff carried out and documented 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from the practice nurses. Ninety nine per cent of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months compared to the CCG average of 97% and the national average of 94%.

The practice had a failsafe 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 72%, which was below the CCG and national averages of 82%. However, the practice had increased the uptake level from 60% to 72% in the preceding 12 months.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, uptake rates for the vaccinations given to under two year olds ranged from 97% to 99% and five year olds from 90%

Are services effective?

(for example, treatment is effective)

to 95%. Flu vaccination rates for the over 65s were 64%, and at risk groups 35%. These were below the national averages of 73% and 53% respectively. The practice sought to increase the uptake of flu vaccinations however many patients from ethnic backgrounds refused for cultural reasons.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups 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 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 24 patient CQC 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 said that clinical staff listened to them and answered their questions during consultations. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. For example, prayer facilities had been offered to patients when they attended the surgery.

We also spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's results were generally less positive compared with CCG and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 82% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 78% said the GP gave them enough time (CCG average 85%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).

- 76% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 71% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 90%).
- 80% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%).

The practice had reviewed the results of the national GP survey and undertaken its own patient survey in 2015. A total of 200 survey forms were issued and 114 were completed. Issues highlighted were telephone access, getting to see the GP of their choice and the length of time to get an appointment. As a result the practice had discussed the issues with staff and the patient participation group. Action was taken to improve access and services for patients. For example, telephone access was improved and additional advanced nurse practitioners and nursing staff with bilingual skills were employed. The practice planned to repeat the patient survey in 2016 to assess the impact of the changes made.

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 less positively to questions about their involvement in planning and making decisions about their care and treatment than local and national averages.

For example:

- 67% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 79% , national average 81%)

The practice had considered the results of the survey and increased the number and skill mix of clinical staff to increase capacity and the time clinicians could spend with

Are services caring?

patients. Staff members were available who could speak Urdu, Punjabi and Gujarati. Staff told us that translation services were available for patients who did not have English as a first language and health information was available in other languages.

Patient and carer support to cope emotionally with care and treatment

Notices and health information leaflets in the patient waiting room were minimal. However, patients told us that staff discussed how to access a number of support groups and organisations and information was provided during consultations.

The practice's computer system alerted GPs if a patient was also a carer. All carers were offered a flu vaccination and written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. the GPs provided the families of patients at the end of life with their mobile phone number and came into the practice when the practice was closed to provide a death certificate.

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, hosting additional local services including hearing clinics, health trainer clinics to co-ordinate patient care and consultant led renal services.

- The practice offered a 'Commuter's Clinic' and phlebotomy service on a Thursday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits and home delivery of prescriptions were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, bilingual staff and translation services available.
- The practice had installed a lift to improve access.
- Telephone consultations were offered to patients who could not attend the surgery.
- All patients who failed to attend an appointment were telephoned by the practice to reschedule their appointment and encourage attendance.
- The practice accommodated all call-back requests where patients were unable to afford the cost of the telephone call.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 6pm daily. Extended hours surgeries were offered until 8.30pm on Thursdays.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments and same day telephone consultations were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and

treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them. Some of the survey results from those who responded were:

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 84% of patients said they could get through easily to the surgery by phone (CCG average 66%, national average 73%).
- 57% of patients described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 42% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 67%, national average 65%).

The number of available appointments was reviewed on a weekly basis and additional clinics scheduled where possible. The practice had analysed the results from the national GP patient survey and increased the number of bilingual reception and clinical staff. The patients we spoke to told us they usually did not have to wait long to be seen.

Listening and learning from concerns and complaints

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

- There was a designated responsible person who handled all complaints in the practice.
- There was a practice complaints policy and procedure. However, the policy and procedures were not in line with recognised guidance and contractual obligations for GPs in England. We saw that information was not available to help patients understand the complaints system. For example how to contact the ombudsman if they were not satisfied with the outcome of the practice complaints procedure.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, reception staff received additional training to understand

Are services responsive to people's needs?

(for example, to feedback?)

the role and skills of Health Care Assistants as a result of a complaint about access to nursing clinics. Themes and trends from complaints were discussed at annual meetings.

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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. Staff understood practice targets and areas where improvements were required.
- A business manager was employed to plan, co-ordinate and monitor practice targets.

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
- The practice had taken the cultural needs of patients into consideration when employing staff. They recognised that many of the practice population were of Asian background and therefore employed people who could communicate with patients, particularly vulnerable female patients.
- Administrative and clinical staff worked closely to proactively improve patient outcomes.
- Practice specific policies were implemented and were available to all staff. However some of them were overdue for a review. For example, the medicines management policy was dated 2011 and had not been reviewed since. The practice manager gave assurance that a review of the policies would be undertaken.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The 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 reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- Themes and trends of incidents were discussed at partners meetings.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued, supported and empowered, 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.

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 participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis and discussed proposals for improvements to the practice management team.

Are services well-led?

Good 

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

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a 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, hosting consultant led clinics and using the skills of the whole practice team to ensure patients received consistent messages and were proactively encouraged to attend for appointments.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Good Governance
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	How the regulation was not being met: The registered person did not do all that was reasonably practicable to assess and monitor that safe temperatures were maintained for the storage of vaccines. The registered person did not ensure that action was taken in line with public health guidance where temperatures were recorded outside the acceptable range for the safe storage of vaccines. This was in breach of regulation 17(2)(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.