

# Birkby Health Centre

## Quality Report

37 Norwood Road  
Huddersfield  
Kirklees  
HD2 2YD

Tel: 01484 519911

Website: [www.birkbymedical.co.uk](http://www.birkbymedical.co.uk)

Date of inspection visit: 8 April 2016

Date of publication: 11/08/2016

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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to Birkby Health Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Birkby Health Centre on 8 April 2016. This was to check that the new provider for the practice had taken sufficient action to address a number of significant shortfalls we had identified during our previous inspection in October 2015. Following the inspection in October 2015, the practice was rated as inadequate for providing safe, effective and well-led services; and as requires improvement for caring and responsive services. Overall it was rated as inadequate and we placed the practice into special measures. The previous provider has cancelled his registration and Dr Sobia Khaliq has been registered as the new provider for Birkby Health Centre since January 2016.

During this latest inspection, we found that the practice had made significant progress in addressing concerns that had been identified in October 2015. For example, shortfalls in staff training and recruitment checks had been addressed, infection control procedures and the management of temperature sensitive vaccines was more effectively managed and clinical audits were being used

to drive improvements in patient care. A new practice manager and nurse had been appointed and Dr Khaliq had sought external support and advice to improve services. 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.
- Policies and procedures that had been previously lacking or overdue for review had been drafted and were being introduced across the practice.
- Risks to patients were assessed and well managed. A comprehensive infection control audit by a specialist external provider had concluded that the practice managed a safe environment for patients and staff.
- Recruitment checks on staff and insurance arrangements for clinicians were in line with requirements.
- 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.

# Summary of findings

- 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.
- Clinical audits were used to improve patient care and outcomes.
- The appointment system had been overhauled and patients were able to access urgent care with less delay and greater flexibility.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The staff team had been enhanced by the recruitment of regular long-term locums and an experienced practice nurse.
- The practice had reenergised the patient reference group and 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.

In addition the provider should:

- Ensure that all staff are aware of the practice's safeguarding policy and procedures.
- Ensure that there is clear management responsibility for infection prevention and control.
- Continue to develop a strategic approach to identify carers and their support needs.
- Continue to address issues reflected in the GP patient survey through the monitoring of both quality services and patient satisfaction.

I confirm that this practice has improved sufficiently to be rated 'Good' overall and as a result can be removed from "special measures". This recognises the significant improvements made by the practice and the quality of care that was being provided to patients.

**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



- Following our previous inspection in October 2015 the practice had made significant improvements to safety, particularly in the area of medicines management, staff recruitment checks and indemnity insurance for clinicians.
- Staff had received appropriate levels of training to perform their duties safely.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The lead for safeguarding had received the appropriate training and was able to demonstrate insight and awareness of their responsibility in this area.
- Risks to patients were assessed and well managed. The practice had scored highly in an independently commissioned infection control audit.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Following our previous inspection in October 2015 the practice had made significant improvements in providing effective services, particularly in the area of clinical audit and the taking of minutes for multidisciplinary and internal practice meetings.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Appraisals had been scheduled to recommence from July 2016 and we saw an induction and development plan for the new most recently recruited staff members.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Following our previous inspection in October 2015 the practice had shown continued improvements in providing caring services, particularly in the area of seeking patient feedback.
- The practice should continue to develop a strategic approach to carers.
- Data from the National GP Patient Survey showed patients rated the practice lower for some and in line with other practices for several aspects of care. The survey data was gathered before the new provider took over the running of the practice. The practice has made significant progress to address quality issues reflected in the survey.
- We observed a strong patient-centred culture.
- Information for patients about the services available was easy to understand and accessible for patients in several languages, suitable for the patient population.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

Good



- Following our previous inspection in October 2015 the practice has shown continued improvements in providing responsive services, particularly in the area of appointments for urgent care. The practice no longer used a 'sit and wait' policy for urgent appointments. Appointments were allocated throughout standard surgeries to accommodate urgent cases with the minimum of delay for patients.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Greater Huddersfield Clinical Commissioning Group to secure improvements to services where these were identified.
- A campaign encouraging patients to participate in the bowel screening programme had commenced to improve patient uptake.
- Three regular locums had been appointed along with an experienced practice nurse which had increased the number of available appointments and services.
- A pharmacist had been employed for six hours a week to undertake spirometry testing for patients at risk of lung conditions or asthma.

# Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed 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.

- Following our previous inspection in October 2015 the practice had made significant improvements in providing well-led services.
- The practice had now developed a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had drafted a number of policies and procedures to govern activity and were introducing these across the practice. Regular governance meetings were being held and we saw that these were minuted.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

**Good**



# 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.

- 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 worked closely with other health and social care professionals, such as the district nursing and local neighbourhood teams, to ensure housebound patients received the care and support they needed.
- Health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.

Good



### People with long term conditions

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

- GPs and the practice nurse had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients at risk of diabetes were targeted by the practice and a pharmacist offered spirometry testing for patients with lung conditions and asthma.
- Longer appointments and home visits were available when needed.
- 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. However, we saw that recall systems were not always efficient and that patients with several long term conditions were sometimes required to attend more than one review appointment.

Good



### Families, children and young people

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

Good



# Summary of findings

- 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 good for all standard childhood immunisations.
- The practice distributed vitamins to children registered through a local 'Sure Start' initiative to promote child health for children in need.
- 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.
- 76% of eligible women received a cervical screening test and this was comparable with the local and national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw minutes of meetings between health visitors and the practice, and this showed there was effective communication and joint working between the practice and other agencies.

## **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. For example, there were telephone and evening consultations.
- 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.

**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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability, undertook an annual review and had recently funded Hepatitis B vaccinations for this patient group.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

**Good**





# Summary of findings

- 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).

- 71% of patients diagnosed with dementia had received a face to face review in the last 12 months, which was 8% lower than the local and 6% lower than the national average.
- 80% of newly diagnosed dementia patients had received the recommended range of blood tests which was 17% higher than the local average and 5% above the national average.
- 96% of patients with severe mental illness had an agreed care plan in place which was 15% higher than the local average and 19% higher than the national average.
- The practice regularly worked with multidisciplinary teams in the case management of people 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.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results relate to patient feedback for the previous provider. They showed the practice was performing in line or lower than local and national averages. Survey forms were distributed to 402 patients and 61 were returned. This was a response rate of 15% and represented less than 2% of the practice's patient list. The low response rate may be due to relatively low levels of English literacy amongst the patient population for this service.

- 87% found it easy to get through to this practice by phone compared to a CCG average of 76% and a national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 74% described the overall experience of their GP practice as fairly good or very good (CCG average 87%, national average 85%).

- 64% said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (CCG average 82%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were, with a single exception, positive about the standard of care received. Patients said that Dr Khaliq and her team were professional, welcoming and very caring. Many said how devoted and compassionate Dr Khaliq had been in treating their family. Several commented that waiting times in the practice had improved, although others said clinics could run late. Patients said that receptionists were polite and that clinical staff listened to their concerns. A number of comment cards said that there had been a significant improvement in all aspects of the service since the change in registered provider.

We spoke with four patients during the inspection. They told us that they were happy with the care they received and thought staff were approachable, committed and caring.

# Birkby Health Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP Specialist Advisor.

## Background to Birkby Health Centre

Birkby Health Centre occupies purpose built premises with accessible facilities. These include purpose built treatment and minor surgery rooms, consulting rooms and an interview room. The Medical Centre also has onsite car parking facilities with a designated disabled parking space.

The practice is in a relatively disadvantaged area with high levels of deprivation. The community is predominantly of South Asian ethnicity, followed by White British and a small number of Black Afro-Caribbean British. The practice has experienced a growing number of Eastern European migrant families on its list. It has increased from 2500 to 3380 patients in the last two years.

The practice was established by Dr Manohar Singh who was registered as the sole provider. Dr Sobia Khaliq joined the practice in 2012. We inspected the practice in October 2015, a result of which was that the practice was judged to be inadequate and placed into special measures. Dr Singh retired in January 2016 and Dr Khaliq took over the practice as the new provider. Since then, Dr Khaliq has worked closely with Greater Huddersfield Clinical Commissioning Group and the Royal College of General Practitioners to improve services.

Dr Khaliq is supported by three regular, part-time locums; two male and one female. There is a part-time practice

nurse and a pharmacist who works six hours a week. The practice manager supervises a secretary and several receptionists who support the administrative running of the practice. Since the inspection, the practice has filled the vacancy for a health care assistant.

The practice is open Monday to Friday from 8.30am until 6pm, apart from Monday where it closes at 8pm.

Appointments are available in morning and afternoon sessions throughout the week from 9am until 6pm. The practice is closed on a Wednesday afternoon and cover is provided by a local practice.

Extended hours surgeries are offered by telephone between 6.30pm to 8pm on Monday.

The provider works within a General Medical Services contract. Out of hours cover is provided by Local Care Direct.

## Why we carried out this inspection

This comprehensive inspection was carried out in order to ascertain what progress had been made since the inspection in October 2015, when the practice was found to be inadequate and placed into special measures. We carried out this inspection 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 April 2016. During our visit we:

- Spoke with a range of staff including the lead GP, a locum, practice nurse, practice manager, receptionists and met with patients who used the service.
- 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 of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out appropriate analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, since taking over as a new provider, there had been three significant events. Two were issues around prescribing a repeat prescription and liaison with the hospital consultant. We saw that steps had been taken to improve checking and issuing of prescriptions to reduce the risk of error. We saw evidence that these changes had been communicated to the relevant staff.

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

### Overview of safety systems and processes

The practice was developing systems, processes and practices to keep patients 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. Staff had received recent and appropriate training updates. The practice displayed flowcharts describing the required action and local contact details for referral. 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. GPs were trained to Safeguarding level three. However, the practice did not have a completed written

safeguarding policy and we advised the provider to progress this without delay. Following the inspection the provider sent us evidence showing that the policy was complete and was being shared with staff.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The newly recruited practice nurse was named in the practice policy as the designated infection control clinical lead.
- During the inspection we saw that an infection control audit had been undertaken by the pharmacist who had recently joined the clinical team. Following the inspection an independent audit was undertaken which confirmed that the practice was maintaining high standards and an action plan was produced with issues to progress.
- The arrangements for managing medicines, including emergency medicines and vaccinations, had significantly improved since our last inspection. The practice had installed a secondary data logger to accurately monitor the fridge temperature.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- We reviewed two 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.

## Are services safe?

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a 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 that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 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 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 up 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 from 2014/15 were 93% of the total number of points available, with 6% exception reporting. (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. Data showed;

- Performance for diabetes related indicators was similar to the CCG and national average. The practice scored 87% of available points, which was 4% lower than the local average and 2% lower than the national average.
- The percentage of patients with high blood pressure (hypertension) having regular blood pressure tests was similar to the CCG and national average. The practice scored 82% of available points which was 3% lower than the local average and 4% below the national average.
- Performance for mental health related indicators was higher than the CCG and national average. The practice scored 96% of available points which was 7% higher than the local average and 8% above the national average.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed since the last inspection, all of them had been repeated and the learning was used to implement improvements to patient care. Two related to diabetes and a third to depression.
- As a result of clinical audit, the practice had identified several patients at risk of developing diabetes and supported them in making lifestyle changes. Another audit had improved the way the practice coded and subsequently assessed patients at risk of depression.

### 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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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.
- The learning needs of staff were identified through a system of planned 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 during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. The new provider showed us a schedule for staff appraisals that would recommence in July 2016.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.



# Are services effective?

(for example, treatment is effective)

## 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.
- During the inspection we saw that Dr Khaliq took responsibility for the oversight of patient test results and overall care planning. We were told that this was to assure patient safety and continuity until locum staff were permanently appointed into salaried positions.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multidisciplinary 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 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.

## Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice nurse offered dietary advice and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 79% and the 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 they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice recognised that the take up of bowel screening was a challenge for some members of the patient population. The practice had a policy of actively contacting patients who did not attend their bowel cancer screening appointment by telephone and promoting the benefits within the wider community and through a display in the waiting room.

Childhood immunisation rates for the vaccinations given were comparable to local and national averages. For example, childhood immunisation rates averaged 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 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 were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 44 comment cards which were, with a single exception, positive about the standard of care received. Patients said that Dr Khaliq and her team were professional, welcoming and very caring. Many said how devoted and compassionate Dr Khaliq had been in treating their family. Several commented that waiting times in the practice had improved; although others said clinics could run late. Patients said that receptionists were polite and that clinical staff listened to their concerns. A number of comment cards said that there had been a significant improvement in all aspects of the service since the change in registered provider.

We spoke with four 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

During the inspection we observed a patient who came in to thank Dr Khaliq for persuading them to attend a screening appointment.

Results from the national GP patient survey published in January 2016 showed the majority of patients felt they were treated with compassion, dignity and respect. However, the practice was lower than average for its

satisfaction scores on consultations with GPs and nurses. This data was gathered before Dr Khaliq took over responsibility for the service and before the current practice nurse joined the practice.

For example:

- 73% said the GP was good at listening to them compared to the CCG average of 91% and national average of 87%.
- 71% said the GP gave them enough time (CCG average 89%, national average 87%).
- 86% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 79% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 83% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 83% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

The practice have begun to address issues reflected in the GP patient survey through the monitoring of both the quality of services and patient satisfaction. We saw during the inspection that an inhouse patient survey was reflecting initial positive feedback. A larger scale survey was commissioned by the practice shortly after the inspection and data shared with us confirmed that patient satisfaction was markedly improved.

### 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 on the comment cards we received was also positive and aligned with these views.

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

## Are services caring?

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 71% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%).
- 76% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%).

Staff told us that interpretation and 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 at the practice were also fluent in several languages spoken by the majority of patients, including Urdu and Punjabi.

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had begun to opportunistically record carers and currently there were three patients on the register. Written information was available in the waiting room to direct carers to the various avenues of support available to them. The practice told us that they would continue to identify carers during new patient medicals and during chronic disease reviews. Following the inspection, the practice introduced carer registration cards at reception to encourage higher recording to the register. The practice should continue to develop a strategic approach to identify carers and their support needs.

The lead GP told us that in times of bereavement, she would make contact with the family to offer the appropriate support and sign post them to services, including counselling.

# 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 Greater Huddersfield Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered telephone consultations until 8pm on a Monday evening for 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 would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were accessible facilities, translation and interpretation services available.
- A campaign encouraging patients to undertake bowel screening had commenced to improve patient uptake.
- Three regular locum GPs had been appointed along with an experienced practice nurse which had increased the number of available appointments and services.
- A pharmacist had been employed for six hours a week to undertake spirometry testing for patients at risk of lung conditions or asthma.

### Access to the service

The practice was open between 8.30am and 6.00pm Monday to Friday. The practice closed at 1pm on a Wednesday. Emergency cover on a Wednesday afternoon was provided by a local practice. Appointments were available in sessions between 9am and 6pm. Extended surgery hours were offered via telephone consultation on Monday until 8pm. In addition to pre-bookable

appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them with slots available throughout the day as required.

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.

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 87% patients said they could get through easily to the practice by phone (CCG average 76%, national average 73%).
- 73% patients said they always or almost always see or speak to the GP they prefer (CCG average 63%, national average 59%).

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

### 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 in the surgery and on the practice website.

We looked at two complaints received since the new provider had been registered with us and found that both had been responded to appropriately and in a timely way. We saw that the practice had taken steps to minimise the likelihood of the situation reoccurring and implemented a policy change as a result. We saw that learning was shared with staff.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### 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. Dr Khaliq remained the clinical lead across all areas whilst locums and new clinical nursing staff were embedded into their new roles within the practice.
- Practice specific policies were in the process of being fully implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was being developed and was reflected in the strategic plan put in place when the new provider took over the practice in January 2016.
- A programme of continuous clinical and internal audit which was being used to monitor quality and to make improvements. This had included the identification and support for pre-diabetic patients and also the assessment of patients experiencing depression.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice actively sought and acted on advice from the Royal College of GPs and the Greater Huddersfield Clinical Commissioning Group since being placed into special measures.

### Leadership and culture

Dr Khaliq had the experience, capacity and capability to run the practice and ensure high quality care. Safe, high

quality and compassionate care was a practice priority. Staff told us the GP and the practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the duty of candour. There was a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology. We saw an example of this when multiple doses of a vaccination were given in a different date frequency as it had been licensed for. This incident affected two patients who were unharmed.

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

- Staff told us the practice held regular team meetings and we saw minutes to confirm this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop 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.

- The new provider had begun to gather patient feedback since taking over the service in January 2016. In March, the practice launched a simple feedback survey for patients to complete after contact with the surgery, and the data available for the first month was highly positive.
- The practice had reenergised the patient participation group, and several meetings had taken place with a small number of patients.

# Are services well-led?

Good 

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

- Staff told us they were confident and encouraged in giving their views to the practice manager and Dr Khaliq and commented on the enthusiasm and energy the new management team had brought to the practice.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

team had responded to being placed in special measures with an evident commitment to effect positive change through listening and consulting with partner agencies and stakeholders. We saw that there had been significant improvement across all areas with a clear strategic plan to sustain and add to this improvement.