

# The Grange Group Practice

## Quality Report

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

## Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	7
Outstanding practice	7

### Detailed findings from this inspection

Our inspection team	8
Background to The Grange Group Practice	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Grange Group Practice on 19 August 2015. 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 to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, including those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.

- Urgent appointments were available on the same day.
- The practice had good facilities and was well equipped to treat patients and met their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw an area of outstanding practice:

- The One Stop Diabetic Clinic review demonstrated success in reducing the need for secondary care for patients living with diabetes whilst also achieving high satisfaction rate with the patients. This service resulted in the prevalence of registered patients with diabetes rise from 3.5% in 2009 to 6.2% in 2014 as patients were registering with this practice from other local practices. Patient satisfaction rates averaged 8.5 out of 10 for convenience, ease and usefulness.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

**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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Urgent appointments were available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice related well to

Good



# Summary of findings

the very active PPG. The PPG suggested changes to the appointment system to the practice and these changes were made and the PPG was involved in the set up and maintenance of the website.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



### People with long term conditions

The practice is rated as outstanding for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check their health and medication 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. We saw evidence from the one stop diabetic clinic review of success in reducing secondary care for patients living with diabetes and high satisfaction rates. This has resulted in a higher than average prevalence of diabetic patients in this practice's patient list. For example this service resulted in the prevalence of registered patients with diabetes rise from 3.5% in 2009 to 6.2% in 2014 as patients were registering with this practice from other local practices. Patient satisfaction rates averaged 8.5 out of 10 for convenience, ease and usefulness.

Outstanding



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



# Summary of findings

## **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.

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. It had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



## **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). Over 90% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The National GP Patient Survey results published on 4 July 2015 showed the practice was performing below local and national averages. There were 339 survey forms distributed for this practice and 114 forms were returned which represents 33.6% response rate.

- 65.5% find it easy to get through to this surgery by phone compared with a CCG average of 74.1% and a national average of 74.4%.
- 79.7% find the receptionists at this surgery helpful compared with a CCG average of 87.5% and a national average of 86.9%.
- 35.5% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 64.7% and a national average of 60.5%.
- 71.5% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.8% and a national average of 85.4%.
- 86.8% say the last appointment they got was convenient compared with a CCG average of 91.9% and a national average of 91.8%.

- 57.7% describe their experience of making an appointment as good compared with a CCG average of 73.8% and a national average of 73.8%.
- 49.2% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66.1% and a national average of 65.2%.
- 33.4% feel they don't normally have to wait too long to be seen compared with a CCG average of 56.9% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards; two of which were wholly positive; the other made positive comments but also commented on an area of dissatisfaction of the service regarding access.

On the day of the inspection we spoke to eight patients, including the five members of the PPG. Patients were complimentary of clinical care they received, but two patients were dissatisfied with access and waiting times.

## Outstanding practice

- The One Stop Diabetic Clinic review demonstrated success in reducing the need for secondary care for patients living with diabetes whilst also achieving high satisfaction rate with the patients. This service resulted in the prevalence of registered patients with diabetes

rise from 3.5% in 2009 to 6.2% in 2014 as patients were registering with this practice from other local practices. Patient satisfaction rates averaged 8.5 out of 10 for convenience, ease and usefulness.

# The Grange Group Practice

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

### Background to The Grange Group Practice

The Grange Group Practice is located in the Fartown area of Huddersfield and is a practice member of the NHS Greater Huddersfield Clinical Commissioning Group. The practice has a registered population of 16800 patients. It is located in an area of high deprivation as the locality is within the 20% most deprived in the country. The practice is located at Fartown Grange, Spaines Road, Huddersfield, and is accommodated in a large purpose built surgery with good disabled access. There is also a branch surgery located two miles away at 268 Keldergate, Deighton, which is accommodated in a converted bungalow. We inspected both the main and branch surgeries.

There are nine GP's (five male and four female) at the practice. The practice is a GP training practice and nurse practitioner training practice and usually has up to two trainees at any one time. In addition to the GP's the practice has three Advanced Nurse practitioners (all female), five Practice Nurses, four healthcare assistants,

20 administrators and three managers. There are also pharmacists employed by the practice. Staff are both full and part time employees.

The practice is open between 8.30am and 6.30pm Monday to Friday; however the branch surgery closes at 5.00pm on Fridays.

The practice does not provide out of hour's services, these are provided by Local Care Direct which is accessed through the normal practice telephone number or through NHS 111.

### Why we carried out this inspection

We carried out a comprehensive 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.

The provider had not been inspected before 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 19 August 2015. During our visit we spoke with a range of staff including GPs, nurses, receptionists, administrators and practice managers and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.



# Detailed findings

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)

# Are services safe?

## Our findings

### Safe track record and learning

There was a 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 to document significant events and incidents. This system was available to all clinical and administrative staff. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events and this also formed part of the GPs' individual revalidation process.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Safety was monitored using information from a range of sources, including National Patient Safety Agency (NPSA) and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medication management and staffing.

- Arrangements were in place to safeguard adults and children 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 GP linked with the Health Visitor who 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.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring

check (DBS). These 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.

- 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 regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had carried out Legionella risk assessments and regular monitoring.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local Clinical Commissioning Group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the five files we sampled showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

## Are services safe?

- 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**

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment and consent

The practice carried out assessments and treatment in line with NICE best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients with respiratory conditions. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or 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 practice's responsibilities within legislation and followed relevant national guidance.

### Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, 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. A dietician was available and smoking cessation advice was available from a local support group. Patients who may be in need of extra support were identified by the practice.

Local military veterans from the community, registered with any practice, accessed the facilities of the surgery premises for self-help groups.

The practice's uptake for the cervical screening programme was 93.68%, which was better than the national average of 81.88%. 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 screening.

Childhood immunisation rates for the vaccinations given were slightly below CCG averages. For example;

- Childhood immunisation rates for the vaccinations given to under twos ranged from 97.4% to 83.4% (CCG 100% to 85%)
- Five year olds vaccination rates from 95.8% to 88.1% (CCG 98.4% to 93.4%).
- Flu vaccination rates for the over 65s were 70.58% (National 73.24%), and at risk groups 49.06% (52.29%), below national averages.

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

The practice was part of the 2007 Diabetes Year of Care national pilot developing the diabetes one stop shop and care planning. This project has been evaluated and has demonstrated positive outcomes for patients and high levels of patient satisfaction. This one stop shop redesigned services to include care planning and integration. The service was set up in 2008 and was evaluated in September 2014 by the practice. The model of care developed in the practice has been showcased and well received by a variety of audiences including the Health Minister and Diabetes UK. The evaluation demonstrated improved patient attendance for diabetes care and improved control of the condition. The service evaluation demonstrated that the prevalence of registered patients with diabetes rose from 3.5% in 2009 to 6.2% in 2014 as patients were registering with this practice from other local practices. Patient satisfaction rates averaged 8.5 out of 10 for convenience, ease and usefulness and 93% of patients said they would recommend the service to others.

### Coordinating patient care

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

# Are services effective?

## (for example, treatment is effective)

and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

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, when they were referred, or after they had been discharged from hospital. We saw evidence multidisciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

The practice had an identified member of the practice nursing team responsible for care co-ordination, who linked with nursing and care homes and supported hospital discharges. We were informed that the service was greatly appreciated by the practice and service users. This reduced pressure on the GP's and reduced the likelihood of readmission.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 95.3% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2013 to March 2014 showed

- The percentage of patients with hypertension having a blood pressure reading within the last 12 months was 77.84% similar to the national average of 78.53%
- Performance for mental health related indicators such as those with psychoses with agreed care plans was 86.73% was similar to the national average of 86.04%.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and people's outcomes. There had been 12 clinical audits completed in

the last two years, six of these were completed audits where the improvements made were checked and monitored. However, there was little evidence that sharing and benchmarking took place within the practice with the exception of some audits that were discussed at clinical governance meetings. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research from a CCG perspective. The practice regularly reviewed QOF data and Primary Care Web tool to ensure outcomes in the practice were broadly in line with similar practices. Findings were used by the practice to improve services. For example, ensuring that cervical cytology screening rates reached and maintained a level comparable with other similar practices.

Information about patients outcomes was used to make improvements. For example following learning from a significant event a two week cancer referral follow up process was developed to ensure patients were followed up and received care appropriate to their individual needs and in a timely way.

### 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 fire safety, health and safety and confidentiality.
- 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 received an appraisal within the last 12 months.

Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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.

All three patient CQC comment cards we received were positive about the service experienced, although one expressed an area of dissatisfaction with access. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with five members of the patient participation group on the day of our inspection. 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.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. 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. There was a carer's register and 117 people, 0.7% of the practice list, had been identified as carers and were being supported, for example, by offering health checks. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

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

- 86.5% said the GP was good at listening to them compared to the CCG average of 90.3% and national average of 88.6%.
- 84% said the GP gave them enough time compared to the CCG average of 89% and national average of 86.8%.
- 91% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.1% and national average of 95.3%
- 81.6% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.8% and national average of 85.1%.
- 92.7% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.5% and national average of 90.4%.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 87.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.7% and national average of 86.3%.
- 87.1% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84.5% and national average of 81.5%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example the practice was part of the 2007 Year of Care developing the diabetes one stop shop which has been evaluated and has demonstrated positive outcomes for patients and high levels of patient satisfaction. This service evaluation demonstrated the prevalence of registered patients with diabetes raise from 3.5% in 2009 to 6.2% in 2014 as patients were registering with this practice from other local practices. Patient satisfaction rates averaged 8.5 out of 10 for convenience, ease and usefulness.

There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. Several developments were made as a result of PPG involvement including the development of the website and changes to the appointment system.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered a Saturday morning surgery for working patients who could not attend during normal opening hours and as an alternative to attendance at the accident and emergency department of Huddersfield Royal Infirmary during the winter period.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were facilities for disabled people, a hearing loop and translation services available.
- In consultation with the PPG the practice have changed the appointment system to improve access by increasing the number of surgery sessions per day from two to three, and adding in a telephone consultancy clinic for each GP each day.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. The practice offered some appointments at 8am weekdays and on Saturday mornings on an ad hoc basis in a response to meeting the need of working patients and GP's and of seasonal demand. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available.

The practice offers a full range of appointments and services at the branch surgery at nearby Deighton, although that surgery closed at 5pm on Fridays patients could access the main surgery.

The practice had eight telephone lines into the surgery, of which six lines were manned for incoming calls.

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

- 71.4% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.2% and national average of 75.7%.
- 65.5% patients said they could get through easily to the surgery by phone compared to the CCG average of 74.1% and national average of 74.4%.
- 57.7% patients described their experience of making an appointment as good compared to the CCG average of 73.8% and national average of 73.8%.
- 49.2% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66.1% and national average of 65.2%.

In response to patient feedback on access the practice had modified the surgery hours to enable greater flexibility. The practice did operate a morning and afternoon surgery sessions of three hour duration. The modification has resulted in the surgery opening for consultation for three two hour sessions, morning, lunchtime and evening providing greater choice for patients and flexibility for the GP's. The practice offers 8am appointments for workers to attend before they commute to work and lunchtime appointments, again to enable workers to reduce the time away from work to attend GP appointments.

All GP's have booked telephone consultations each day, and patients have access to urgent and routine appointments each day with the GP's

# Are services responsive to people's needs?

(for example, to feedback?)

## **Listening and learning from concerns and complaints**

The practice had a 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 information was available to help patients understand the complaints system. This information was available in five languages and was displayed on the notice boards in the practice. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 11 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency and responded to appropriately. We saw that these had been discussed in the practice and any learning shared.



# 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. Details of the vision and practice values were part of the practice's strategy and business plan.

### Governance arrangements

The practice had an overarching governance policy. This outlined the structures and procedures in place and incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners 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 gives affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us 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 and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### 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, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG suggested changes to the reception area to ensure patients were not being overheard. These changes were fully implemented by the practice
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff

# Are services well-led?

Good 

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

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.

## **Innovation**

The practice team was forward thinking and part of local and national pilot schemes to improve outcomes for patients in the area, such as the national Year of Care diabetes one stop shop and care planning.