Dr Butt and Partner

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Butt and partner on 25 August 2015. Overall the practice is rated as inadequate. However, we recognised that there have been considerable efforts to make improvements to the service in recent months. The practice is improving but there is still some work to do to reach the required standards in some areas.

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

- Staff were clear about reporting incidents, near misses and concerns and there was evidence of learning and communication with staff.
- Arrangements to safeguard adults and children from abuse were not adequate in relation to staff training, clarity of lead roles and identification of patients considered to be at risk. Arrangements to provide chaperones for patients were in place but staff had not received training.
- Risks to patients and others were higher than necessary as systems to assess, monitor and mitigate risks, such as, policies, procedures, and appropriate training had not been provided for all staff.
- There were procedures for the management of medicines in the practice. However, there were some shortfalls in the processes to ensure the safe storage and transport of vaccines.
- Recruitment arrangements did not include all necessary employment checks for staff in that there was no process to check nurse registration to practice was current and there was no evidence in staff files that ongoing checks had been made routinely. There were no formal induction processes for new or locum staff.
- Staff had received role specific training to improve and extend services for patients. However, they had not received training such as health and safety including fire safety, basic life support, safeguarding vulnerable adults and children and infection prevention and control.
- Non-clinical staff received regular supervision and support but there was no process for practice nurses to receive clinical supervision.

Summary of findings

- Data showed patient outcomes were average for the locality. Audits were driving improvement in some areas of prescribing practice to reduce costs but there was no evidence audits were used to improve patient outcomes.
- Clinical records were not always adequately maintained.
- The practice had received support from the CCG and had implemented initiatives to improve care for patients and they had significantly increased the number of NHS health checks performed.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- The practice had developed a 'Carer's Champion' role to support carer's by offering health checks and referral for social services support.
- There were some services provided for patients to meet needs such as interpreter services and information in different languages. However, there was limited access for patients with a disability and/or wheelchair users. Services and adaptations for the visually or hearing impaired were not provided. Work to build a new bespoke building was due to commence and was scheduled be completed by March 2016.
- The practice had listened to patients and had made improvements to the appointment system. Patients said they were satisfied with the appointment system and told us urgent appointments were usually available on the day they were requested.
- 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 had a leadership structure but limited formal governance arrangements.
- The practice did not have a written set of aims and objectives or improvement plan. There was no maintenance programme for the building.
- The practice acted on feedback from patients and had focused on improving the patient experience of the services provided. However, there were limited systems in place to monitor the quality of services provided.
- Records, such as patient records, training and recruitment records and health and safety monitoring records, were not always adequately maintained to ensure effective management of the practice.

The provider must make improvements in the following areas:

- Ensure systems and processes are in place to assess, monitor and mitigate risks to patient's and others health and safety. For example, policies and procedures, staff training and risk assessments in areas such as fire safety and infection prevention and control.
- Ensure the safe storage and transport of vaccines.
- Ensure induction processes are in place for new and locum staff.
- Ensure staff receive training relevant to their role such as, health and safety including fire safety, basic life support, safeguarding vulnerable adults and children and infection prevention and control.
- Ensure practice nurses work is supervised.
- Adequately maintain clinical records.
- Ensure systems are in place to assess monitor and improve the quality and safety of the services provided.
- Ensure records used for the management of the practice are accurate, up to date and where required, held securely.

The areas where the provider should make improvement are:

- Not all staff had received safeguarding vulnerable adults and children training. Patients considered to be at risk had not been identified through the use of risk registers and system alerts.
- Staff had not received chaperone training.
- There was no process to check nurse registration to practice was current and there was no evidence in staff files that ongoing checks had been made routinely.
- There was limited access for the disabled and/or wheelchair users and services and adaptations for the visually or hearing impaired were not provided.
- There was no maintenance programme for the building.
- The practice had not developed a patient participation group (PPG).

Summary of findings

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

Staff were clear about reporting incidents, near misses and concerns and there was evidence of learning and communication with staff.

Arrangements to safeguard adults and children from abuse were not adequate in relation to staff training, clarity of lead roles and identification of patients considered to be at risk. Arrangements to provide chaperones for patients were in place but staff had not received training.

Risks to patients and others were higher than necessary as systems to assess, monitor and mitigate risks, such as, policies, procedures, and appropriate training had not been provided for all staff. There were procedures for the management of medicines in the practice. However, there were some shortfalls in the processes to ensure the safe storage and transport of vaccines.

Recruitment arrangements did not include all necessary employment checks for staff in that there was no process to check that nurse registration to practice was current and there was no evidence on staff files that ongoing checks had been made routinely. There were no formal induction processes for new or locum staff.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services and improvements must be made.

Staff had received role specific training to improve and extend services for patients. However, they had not received training such as health and safety including fire safety, basic life support, safeguarding vulnerable adults and children and infection prevention and control. Non-clinical staff received regular supervision and support but there was no process for practice nurses to receive clinical supervision.

Data showed patient outcomes were average for the locality. Audits were driving improvement in some areas of prescribing practice to reduce costs but there was no evidence audits were used to improve patient outcomes. Clinical records were not always adequately maintained.

Summary of findings

The practice had received support from the CCG and had implemented initiatives to improve the care for patients and they had significantly increased the number of NHS health checks performed.

Are services caring?

Good

The practice is rated as good for providing caring services.

Data showed that patients rated the practice lower than other local practices for some aspects of care. However, the practice had been focused on improving the patient experience and more recent surveys showed an improvement in patient satisfaction. 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.

The practice had developed a 'Carer's Champion' role to support carer's by offering health checks and referral for social services support.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

The practice had 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. Patients said they could make an appointment with a named GP and there were urgent appointments available the same day. The practice had listened to patients and had made improvements to the appointment system. Patients said they were satisfied with the appointment system and told us urgent appointments were usually available on the day they were requested.

There were some services provided for patients to meet needs such as interpreter services and information in different languages. There was limited access for patients with a disability and/or wheelchair users and services and adaptations for the visually or hearing impaired were not provided. Work to build a new bespoke building was due to commence and be completed by March 2016.

Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Inadequate

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

Summary of findings

The practice acted on feedback from patients and had focused on improving the patient experience of the services provided. However, there were limited systems in place to monitor the quality of the services provided.

The practice did not have a written set of aims and objectives, strategy or improvement plan. The practice had a vision and a strategy which centred on a move to a new, bespoke, purpose built GP premises. There was a leadership structure but this was not documented and staff did not have lead roles.

Staff felt supported by management and knew who to approach with issues. There were no formal processes for induction and clinical supervision was not provided for practice nurses. Non clinical staff had received regular supervision and performance reviews.

The practice had policies and procedures to govern some activity, but some of these were overdue a review. Policies and procedures to govern health and safety matters had been developed but had not been agreed and implemented by the practice. Risk assessment in relation to health and safety matters had not been completed and staff training in this area had not been provided.

Clinical records were not always well maintained and records for the management of the practice were not always adequately or accurately maintained.

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

Inadequate

The provider was rated as inadequate for safety, effective and for well-led and good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were similar to others in the local CCG area for conditions commonly found in older people. It was responsive to the needs of older people, and offered home visits and a specific contact number to make appointments for those with enhanced needs.

People with long term conditions

Inadequate

The provider was rated as inadequate for safety, effective and for well-led and good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Practice nurses were involved in the management of patients with chronic diseases and patients at risk of hospital admission were identified. All these patients had a structured annual review to check that their health and medication needs were being met. However, we found that patients with the most complex needs, who were at risk of admission to hospital, did not always have a documented care plan or review of their care needs.

The practice was responsive to the needs of this group of patients and offered longer appointments, home visits and a specific contact number to make appointments for those with enhanced needs.

The practice had identified that they needed to provide more in-house services, such as phlebotomy, to improve care for patients and reduce the number of missed appointments at the practice and secondary care services. Staff had or were scheduled to undertake training to assist in extending the services.

Families, children and young people

Inadequate

The provider is rated as inadequate for safety, effective and for well-led and good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were no 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.

Summary of findings

Appointments were available outside of school hours. Some aspects of the premises were not safe for children as there were steep stairs to first floor consulting rooms and blind cords did not meet recommended safety standards.

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

Working age people (including those recently retired and students)

Inadequate

The provider is rated as inadequate for safety, effective and for well-led and good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had adjusted the services it offered to ensure these were accessible and flexible. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Staff had or were scheduled to receive training to enable them to extend the services available in the practice. There was a low uptake for both health checks and health screening due to the particular challenges of the patient population but the practice had been proactive in contacting patients and giving advice and encouraging them to attend. The practice had seen a significant improvement in health check uptake.

People whose circumstances may make them vulnerable

Inadequate

The provider is rated as inadequate for safety, effective and for well-led and good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients with a learning disability and it carried out annual health checks for people with a learning disability. It also offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of those whose circumstances may make them vulnerable. It had told these patients about how to access various support groups and voluntary organisations.

Although formal training had not been provided staff knew how to recognise signs of abuse in adults and children. The practice did not keep a register of those considered to be at risk and alerts were not used on patient records.

Some of the practice populations circumstances made them vulnerable due to language and literacy barriers. There were

Summary of findings

non-clinical and clinical staff available who could speak different languages relevant to the patient population to assist patients where required. Interpreter services were available and information was provided in different languages.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider is rated as inadequate for safety, effective and for well-led and good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had told patients experiencing poor mental health about how to access various support groups. It had a system in place to follow up patients who had attended accident and emergency (A&E). NHS health checks, smoking cessation advice and alcohol screening were provided.

Staff had not received training on how to care for people with mental health needs. Training had not been provided for staff relevant to consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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 457 survey forms distributed for Dr Butt and Partner and 68 forms were returned. This was a low response rate of 14.9%. The data showed:

- 67.2% found 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%.
- 78.1% found the receptionists at this surgery helpful compared with a CCG average of 87.5% and a national average of 86.9%.
- 45% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 64.7% and a national average of 60.5%.
- 70.7% 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%.
- 62.8% said the last appointment they got was convenient compared with a CCG average of 91.9% and a national average of 91.8%.
- 54.7% % described their experience of making an appointment as good compared with a CCG and a national average of 73.8%.
- 47% usually waited 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%.
- 31.4% felt they didn'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%.

Although the data above is poor we found the practice had made a number of improvements to the service in response to this information and surveys conducted since reflected these improvements as did the comments we received during the inspection. For example:

In the most recent Friends and Family test the practice had scored 92% from 95 responses for patients who would recommend this practice to their family and friends. They had consistently scored above 90% each month since January 2015 in this test.

The practice had conducted patient surveys in May 2015 in response to the GP national patient survey results. They had looked at the quality of consultations with the three GPs by providing questionnaires to patients after their consultations. In total 101 forms were given to patients attending Bradford Road Surgery during May and 65 were completed. The majority of responses received rated their consultations as good to excellent with only four responses in the fair to good category and none recorded in the poor category.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Patient's told us staff were friendly and helpful. They also said they were satisfied with the care and treatment they received. They said staff listened to them and explained care and treatment to them. They told us they thought the practice was clean and safe. One person commented negatively on the appointment system but also said the issues had been resolved by use of the online appointment system. Another person commented negatively on the access for patients with a disability and the condition of the sofas and carpets.

We spoke with six patients on the day of the inspection. They were generally positive about the care and treatment they received and one person told us they had seen improvements with the appointment system. We received a couple of negative comments. One person commented that appointments did not run on time, two said it was difficult to get to make an appointment by phone. Two also commented on the telephone number being a high rate 084 number.

Dr Butt and Partner

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

Background to Dr Butt and Partner

The Dr Butt and Partner practice, at Bradford Road, is situated within a three storey Victorian house. Patient areas are situated on ground and first floor. Access for patients with a disability is limited to the ground floor and there are shallow steps to the entrance. The practice also operates from Brook Street Medical Centre, 8-10 Brook Street, Thornton Lodge, Huddersfield HD1 3JW and patients can access both surgeries. Brook Street surgery is registered seperately to the Bradford Road Surgery and was not visited as part of this inspection.

The practice provides Personal Medical Services (PMS) for 4,688 patients across the two sites in the NHS Greater Huddersfield Clinical Commissioning Group (CCG) area.

There are two male GP partners, and one male salaried GP. There is also a female advanced nurse practitioner, a female practice nurse and a female health care assistant who all work across both sites. The administration team also work across each site. The practice manager is responsible for both sites.

The practice is open from 8.00am to 6.30pm five days per week. Clinic times are variable for each GP between 8.30am and 5.30 pm. Extended hours for GP appointments are available on a Tuesday until 7.45pm. The advanced nurse practitioner offers variable appointment sessions from 8.30am daily and until 6pm on a Monday evening. Patients can also attend the Brook Street surgery where variable appointment times and extended hours are also available through the week.

Longer appointments are available for those who need them and home visits and telephone consultations are available as required.

Out of hours services are provided by Local Care Direct. Calls are diverted to this service when the practice is closed.

The practice is registered to provide the following regulated activities; maternity and midwifery services; surgical procedures, diagnostic and screening procedures and treatment of disease, disorder or injury.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 which is part of our regulatory functions. This inspection was planned to check whether the registered 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.

Please note 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 the time.

Detailed findings

How we carried out this inspection

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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the NHS Greater Huddersfield Clinical Commissioning Group (CCG), to share what they knew.

We carried out an announced visit on 25 August 2015. During our visit we spoke with a range of staff including two GPs, the advanced nurse practitioner, the practice manager, health care assistant and four administration staff. We also spoke with six patients who used the practice.

We observed communication and interactions between staff and patients, both face to face and on the telephone within the reception area. We reviewed 27 CQC patient comment cards where patients had shared their views and experiences of the practice. We also reviewed records relating to the management of the practice and patient care.

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received an apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events.

We reviewed 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. For example, where important information had not been included in a referral to secondary care an investigation had been completed. Key risk issues had been identified and action taken such as reviewing and changing the coding process on patient records. Relevant staff had been informed of the changes. Where a delay in treatment had occurred, due to a delay by a secondary care provider processing results of a test, this had been reported to the service provider. Processes had been put in place by the practice to minimise the risk of delays in receiving results in the future.

The practice manager told us national patient safety alerts received into the practice were sent to the GPs via email for them to action and disseminate to staff as appropriate. The GPs described some of the actions taken in response to the alerts they received. For example, where medication alerts were received they told us the Clinical Commissioning Group (CCG) pharmacist had completed an audit and the practice had contacted patients and reviewed prescriptions resulting in a reduction in prescribing in the area of concern. A log of the alerts and records of the action taken in response to the alerts was not maintained.

Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep people safe:

- Arrangements to safeguard adults and children from abuse required improvement.

We saw policies and procedures for acting on safeguarding children and adults concerns were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs told us they attended safeguarding meetings when possible. They said they had completed level three training in safeguarding adults and had completed some on-line training. Staff demonstrated they understood their responsibilities and told us they would report safeguarding concerns to the practice manager.

Regular multi-disciplinary meetings were held at the practice which was attended by the health visitors. We were told these were attended by the practice manager as the GPs were not always available.

Training provision for safeguarding was unclear and records did not accurately reflect training provided. The training records provided to us prior to the inspection showed only the health care assistant and practice nurse had completed training in safeguarding children at levels one and three. There was no evidence in the records provided to us that other staff had completed training in safeguarding but we saw in one staff file, evidence they had completed safeguarding adults training in 2013. The practice manager told us non-clinical staff had completed training at level one. Two of the four non-clinical staff we spoke with said they had completed online training in 2015.Following the inspection, certificates were provided to evidence that two of the GPs had undertaken level three safeguarding children training.

There was a lack of clarity about lead roles in safeguarding. A GP told us they were the lead member of staff for safeguarding adults but also said there was no lead for safeguarding children. Staff we spoke with told us that the lead person for all safeguarding issues was the practice manager.

The GPs we spoke with told us a register of at children who were subject of a child protection plan was kept on the electronic patient record system but they did not know how to access this. They were also unable to evidence how they would use alerts on the electronic record to highlight any safeguarding concerns they may have.

- Staff were available to act as chaperones although arrangements required improvement. Three of the four administration staff we spoke with told us they had received training to act as a chaperone although training records did not show any training had been completed. The practice manager told us the staff had

not received chaperone training since May 2014 and they were not aware of any previous training provided. They told us this was to be provided via DVD in the next practice training session to be held in October 2015. Notices were not displayed in the practice to inform patients staff would act as chaperones, if requested. We saw evidence disclosure and barring (DBS) checks were completed. (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 whose circumstances may make them vulnerable).

- There was a lack of systems and processes to assess, monitor and mitigate risks to patients and others with respect to health and safety matters.

Policies and procedures relating to health and safety matters were available. However the majority we saw had not been recently reviewed and some had been due for review in 2013. Work to update some of the health and safety procedures had been undertaken by a member of the administration team although there was no evidence these had been agreed by the management team and implemented.

There was little evidence risk assessments to monitor the safety of the premises had been completed and the practice manager told us they had just started to complete risk assessments in July 2015. They showed us the only two risk assessments they had completed for two of the consulting rooms. These identified areas for improvement and the actions taken.

There was evidence fire equipment such as the fire alarm and smoke detectors had been routinely serviced. The manager told us they had reviewed the evacuation procedures and updated these. The evacuation routes were displayed. However there were a number of actions required in order to ensure patients and staff would be protected in the event of a fire. Signs to identify the evacuation routes were not visible in all areas. There was no evidence of regular checks of the fire alarm and emergency lighting and regular fire drills were not completed. Fire risk assessments had not been completed. There was no evidence electrical systems had been checked in the last five years. Records provided to us prior to the inspection indicated staff had not received any fire safety training. The practice manager told us the staff had not received any training since May 2014 and they were not aware of any previous training. We found a certificate for fire awareness training in 2013 in one of three staff files we checked. We referred our concerns to the West Yorkshire Fire and Rescue service following the inspection.

Electrical equipment had been checked and this was evidenced from information stickers on plugs, the testing certificate was not available because the practice manager said they had not received this. However, we found a small number of items of electrical equipment which were in use did not have stickers on the plugs so these items may not have been checked to ensure the equipment was safe to use.

There was evidence clinical equipment was regularly checked to ensure it was working properly. Although we did not identify any concerns with the equipment we checked there were some gaps in the records. Records of checks of the oxygen could not be found.

We saw some areas of the practice could be a risk to patients. The blinds in the first floor waiting room were broken and the cords were looped and one was very long which could pose a hazard for people and particularly children. We identified this to the manager immediately. We also saw that the stairs to the first floor were steep and the carpet at the bottom steps was becoming worn and slightly loose which may be a trip hazard.

- There was a lack of systems and processes in place for infection prevention and control (IPC).

An IPC audit had been completed by NHS Kirklees infection control team in November 2013. The practice manager told us they were working through the recommendations. We saw from the audit record a number of areas had been identified as requiring improvement. We saw some action had been completed to address the shortfalls. For example, flooring had been replaced and sharps bins had been appropriately labelled. We saw other areas which had not been completed in relation to the policies and procedures, staff training and furnishings.

There were IPC policies and procedures available although these had not been reviewed in the 12 months prior to the inspection and most had been due for review in 2013. Work to update some of the IPC procedures had been undertaken by a member of the administration team although there was no evidence these had been agreed by the management team and implemented. The practice manager told us that following the audit in 2013 they were

advised to adopt the local Calderdale and Huddersfield policy and procedures. The practice manager said they had not yet developed these into a practice specific policy and procedure.

There was no evidence staff had received IPC training in the records provided to us prior to the inspection. The practice manager told us the staff had not received any IPC training since May 2014 and they were not aware of any previous training provided. We found a certificate for hand hygiene training from 2013 in one staff file and a certificate for IPC training from 2013 in another file but this was from the person's previous employment.

We saw some equipment and furniture may be an IPC risk. For example, a patient couch in a GP room had a hole in the washable cover. This had been covered with tape which was peeling away. The GP told us they used a paper towel to cover this area when patients used the couch. They told us they had planned to replace this piece of equipment when they moved premises. They agreed this was an infection control risk and would look to change this sooner. We observed paper privacy curtains were provided in consulting rooms. We saw these looked clean but were dated 1 September 2014. The practice manager told us this was the date they had been fitted but they also said these should have been changed after six months. We saw the seating in the ground floor waiting room was in a poor state of repair and was made of fabric which could not be effectively cleaned.

The practice manager told us there had been no member of staff with a lead role for IPC since the previous senior nurse had left in October 2014.A new senior nurse was due to start employment shortly and the IPC lead would be part of their role.

An external cleaning company was used to clean the practice and cleaning schedules were displayed in each room. The practice manager told us they conducted informal checks of cleaning standards but these were not recorded. They said the cleaning company manager conducted cleaning audits but they did have any records to evidence this. The consulting rooms in the practice and majority of patient areas were visibly clean although the waiting room on the ground floor had an unpleasant odour. The bannister rail and painted areas on the stairs was dirty and a toilet seat was broken.

- There were some arrangements for managing medicines, including emergency drugs and vaccinations. However we found areas that required improvement.

Vaccines were held in a dedicated refrigerator. However, this was not locked and was situated in an unlocked room. The refrigerator was not hard wired and the plug was not marked in any way to prevent the fridge being accidently turned off. We saw there were some processes to monitor the fridge temperature. We saw two record sheets for June 2015 and were told two readings were taken, one from the integral fridge thermometer and one from an additional thermometer placed in the fridge. The records we saw for June did not indicate which thermometer reading was being recorded. There were no records for the first week of June. One of these thermometer records indicated that fridge temperatures were recorded three times per week sometimes once per day and sometimes up to three times per day. On four occasions these records showed the maximum temperature had increased above the recommended eight degrees centigrade. The second thermometer record for June indicated the temperature had risen above the recommended level on five occasions. The records clearly stated that action must be taken if the temperature rose above the recommended temperatures and the local medicines management or the manufacturer should be contacted. There was no record of this action having been taken. The records stated the only action taken was the thermometer had been reset. The practice manager told us they were unaware of these temperatures or if any additional action had been taken to ensure the effectiveness of the vaccines had not been compromised. The July records showed only one set of temperature recordings and there was no indication which thermometer was being used. Records showed temperatures had sometimes been taken twice per day and on other days only once and records had not been maintained for each working day.

We saw in meeting minutes in July the practice manager had identified fridge temperatures were not being completed appropriately and reminded nursing staff to complete these.

Systems for transporting vaccines to the providers other site were not in line with recommended practice. For

example, the practice used a domestic style cool box rather than a validated medical grade cool box and there were no systems to monitor maximum and minimum temperatures whilst the box was in use.

We saw that stocks of vaccines were stored with no clear division between children's and adults vaccines to minimise the risk of errors. We also saw that stocks of vaccines were stored with no division in relation to expiry dates to aid stock control and minimise risk.

- The practice had developed a recruitment policy and procedure. However there was some evidence this was not always being followed. The staff records were held as a mix of paper and electronic records and were stored in a number of different places for which there seemed to be no consistent system in place. The three files we reviewed showed some recruitment checks had been undertaken prior to employment. For example, evidence of references and qualifications was available. Appropriate checks through DBS had been completed but appropriate records, such as the reference number and date received, were not held on file and were accessed online via DBS during the inspection. There was no process to check that nurse registration to practice was current and there was no evidence on staff files that ongoing checks had been made routinely. We checked the NMC website and found the nurses were registered. Records of interviews and their outcomes were not held.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs and work force analysis had been completed. The GPs we spoke with told us they tried to provide cover for leave internally first. They said they had not used locums in the last 12 months but Locum checks would include General Medical Council (GMC) registration, indemnity cover and DBS checks. They said a brief induction would be completed on the first day including IT system and location of equipment and a Locum protocol file would be provided. We did not see any evidence of this process or the Locum file.

The GPs also told us there was an informal agreement with six other local practices for emergency GP cover. They told us there was no written contract in place but discussions were in place to establish a formal memorandum of understanding.

During our discussions with the GPs we found that one GP was due to go on leave and another to have paternity leave at approximately the same time in September 2015. The remaining GP told us they would cover their sessions and there were no plans to use any Locums.

Arrangements to deal with emergencies and major incidents

Training records provided to us indicated staff had not received basic life support training. The staff files we reviewed showed one member of staff had completed this training in 2013 with another employer and another had completed the training in 2012. The practice manger told us staff had not had this training since May 2014 and was unaware of the training completed prior to this date. They said that basic life support training was scheduled. Three staff we spoke with confirmed this training was scheduled for the next protected learning session in September 2015.

Emergency medicines were available in the treatment room and emergency equipment such as a defibrillator and oxygen was available. However, there were only adult oxygen masks and no children's masks available with the emergency equipment. All the staff we spoke with knew of the emergency equipment and medicines location. All the medicines we checked were in date and fit for use.

The practice had developed a comprehensive business continuity plan e for major incidents such as power failure or building damage. The plan had been developed with the CCG and required agreement by the GPs so this could be finalised and implemented.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Patients told us they were satisfied with the care and treatment provided to them. They said they felt they were listened to and said they had treatment options explained to them.

We found patient care records were not always kept in sufficient detail to assess the care and treatment provided and in some cases lack of records would make it difficult for another clinician to take over the care if required. We looked at five care records during the inspection when we identified concerns about the completion of care plans for those with the most complex needs. For example, there was some confusion about whose role it was to complete care plans and one GP told us the practice manager completed these. The practice manager told us they did not complete the care plans and this was a role for clinical staff. We found that care plans in four of the five patient records we reviewed had not been completed even though all five electronic records indicated these were in place. The one record we saw which contained a care plan lacked sufficient clarity about the action plan should the patient deteriorate. None of the five case records had a documented review of the care plan. We also saw one record where a patient had contact with a GP in last 12 months during an emergency home visit. We saw these records lacked clarity about the examination, suspected diagnosis and management plan.

The practice had provided a number of training opportunities in the last 12 months for the practice nurse and healthcare assistant to extend their skills through role specific training to enable them to provide more services and improve care for patients.

The practice had access to guidelines from NICE and nursing staff told us how used this information to develop care and treatment to meet patients' needs.

We saw that the practice had received support from the CCG and had implemented initiatives to improve the care for patients. We saw from records NHS health checks had increased significantly with 273 additional health checks being completed leading to13 patients being newly diagnosed as diabetics. They had also reviewed hypnotic medicine and antibiotic prescribing, medicines cost and cancer care (Their urgent referral rate to secondary care services had been identified as low).

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). Current results for the practice (2013/14) were below the national average of 94.2% with the practice achieving 88.9% of the total number of points available.

The practice had 12.7% exception reporting rate which was 4.7 % higher the CCG average and 4.8% higher than the national average. (Exception reporting was introduced into the QOF in order to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review or where a medication cannot be prescribed due to a contraindication or side-effect). The CCG had reviewed the practice's exception reporting rate in an aspect of its dementia care due to high rates of exception reporting in this area. They had undertaken an audit of patient records and looked at the reasons for exception reporting. The outcome of the audit was that 100% of the exception reports were added in error; the practice had accepted this and subsequently removed the exception read code.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was 100%, 8.9 percentage points above the local CCG average and 9.9 percentage points above the national average
- The percentage of patients with hypertension having regular blood pressure tests was 100%, 10.6 percentage points above the local CCG average and 11.6 percentage points above the national average.
- Performance for mental health related indicators were 100%, 11.7 percentage points above the CCG average and 9.6 percentage points above the National average.
- The dementia related indicators were 100%, 6.5 percentage points above the CCG average and 6.6 percentage points above the National average.

Inadequate

Are services effective?

(for example, treatment is effective)

However, due to poor patient record keeping and lack of coding of some patient records we could not be assured all patients within these groups had been identified and had received appropriate care.

Some clinical audits had been carried out to demonstrate quality improvement in relation to prescribing practice. The practice participated in applicable local audits and national benchmarking. Findings were used by the practice to improve services. They had worked closely with the CCG pharmacist to look at prescribing trends in the practice. For example, there had been 16 medication audits completed by the pharmacist in last year which had led to significant reductions in the use of antibiotic prescribing. For example, data from the CCG showed a 32% reduction in prescribing broad spectrum antibiotics and an 11% reduction in Nonsteroidal anti-inflammatory drugs (NSAID).However, whilst usage of broad spectrum antibiotics deceased under CCG vigilance; performance in other prescribing parameters, not under such close scrutiny, was not meeting local CCG targets. For example, the use of sedatives such as benzodiazepines and low dose antipsychotics remained significantly high and use of low dose psychotics had increased in the last year.

We saw two audits of the outcomes of circumcision surgery which had been completed over the last 12 months by one GP. Another GP who also performed circumcisions provided their last audit following the inspection which had been completed for 2014. These audits did not highlight any areas for improvement or learning. We did not see any complete audit cycles covering direct patient care and there no other evidence that clinical audits were used routinely to monitor patient outcomes.

Information about patients' outcomes was used to make improvements. For example, the practice had developed and implemented a new pre diabetes protocol as a result of a complaint where a patient stated they should have been diagnosed earlier. A protocol had been created for diagnosis of pre diabetes and letter had been drafted to be sent out to patients outlining lifestyle changes and the need for an annual repeat blood test.

Effective staffing

The practice manager told us their focus over the previous 12 months had been to arrange training for the practice nurse and health care assistant to enable them to provide more services for patients within the practice. This was in response to the specific needs of the patient population and to try to address the number of missed appointments both at the practice and at secondary care services. For example, the health care assistant had completed training to enable them to provide smoking cessation advice and alcohol screening. They had also undertaken carers champion training to improve services for carers. They were also scheduled to undertake training to enable them to use heart monitoring equipment and to take blood.

Administration staff had undertaken role specific training to improve the management of patient's records. For example, training in summarising, medical terminology and coding records had been completed.

The practice manager had implemented monthly one to one sessions for non-clinical staff to improve team working and they had also completed an appraisal to look at their development needs.

GPs were up to date with appraisal and revalidation processes.

We found there were areas that required improvement:

- The practice did not have a formal induction programme for newly appointed members of staff.
- Records indicated staff had not completed training in fire procedures, infection prevention and control, basic life support and information governance awareness and not all staff had completed safeguarding training.
- There were no systems in place for nursing staff to receive clinical supervision or for competency to be assessed and monitored.

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. However information provided to us and the care records we reviewed showed some patient care records were not always kept in sufficient detail to inform others about the care and treatment provided.

The practice manager told us communication with the out of hours provider was written and faxed to them and then scanned onto patient records. For example, information about patients' with palliative care needs. However one GP we spoke with was not aware of this process.

Inadequate

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of peoples' needs and to assess and plan ongoing care and treatment. This included patients' discharged from hospital. The GPs told us that multi-disciplinary team meetings took place on a two to four weekly basis. They also told us they reviewed patient attendance at the local accident and emergency department. They said they contacted patients where they felt the care could have been provided by the surgery in order to discuss the reasons why patients had attended the accident and emergency department rather than the surgery. A GP told us the practice had a register of patients who required palliative care although they were unable to show this. Specific palliative care meetings were not held to ensure these patients care needs were being met.

Information such as NHS patient information leaflets were available in the practice and there were links to NHS patient services on the practice website. Some information was also available in different languages and the practice website had a translation function. The practice manager told us they had information in easy to read formats although we observed these were not clearly displayed in the practice.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff we spoke with 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. Templates were available for recording consent decisions and we saw records of signed consent for contraceptive implants.

There was no evidence formal training had been provided for staff relevant to consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. A GP told us a register of patients with needs learning disabilities were held. A member of staff had completed training to be a carers champion and had started to identify carers and offer support.

Childhood immunisation rates for the vaccinations given were slightly below the CCG averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 67.5% to 96.3% and five year olds from 86.4% to 96.3% compared to CCG averages of 85% to 100% and 93.4% to 98.4 %. Flu vaccination rates for the over 65s were 63.55%, and at risk groups 43.82%. These were below national averages of 73.24% and 52.29% respectively.

Data from 2013/14 showed the practice's uptake for the cervical screening programme was 87.99%, which was slightly above the national average of 81.88%.

The GPs told us the practice population included a high number of patients who were non-English speaking. They told us there was generally a poor response from patients to written English health campaigns such as flu vaccination and breast and bowel screening. To address this, the practice had been telephoning patients to give advice and encourage attendance for appointments. They also made appointments for secondary care services, when necessary, whilst the patients were in the surgery using the choose and book system. This was to ensure patients had the appointment and it had been explained to them.

The practice had identified a number of missed appointments within the practice and secondary care may be due to patient's level of understanding of the processes relating to health checks. To address this issue they looked to provide more in-house services. The practice had provided staff training to increase the services offered within the practice such as smoking cessation and alcohol screening. Additional staff training was scheduled to enable phlebotomy and heart monitoring services to also be extended.

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 years of age. Patients with a learning disability and those who were carer's were offered an annual health review.

Inadequate

Are services effective?

(for example, treatment is effective)

The practice had developed and implemented a new pre diabetes protocol following a complaint. The protocol had been created for diagnosis of pre diabetes and letter had been drafted to be sent out to patients, outlining lifestyle changes and the need for an annual repeat blood test.

Patients had access to health promotion information in the practice and on the website. Some of the information was provided in different languages.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. 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. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Results from the national GP patient survey showed patients were not always satisfied with how they were treated. The practice was below average for its satisfaction scores on consultations with doctors and nurses, however the response rate to the survey was low. For example:

- 73.3% said the GP was good at listening to them compared to the CCG average of 90.3% and national average of 88.6%.
- 58.6% said the GP gave them enough time compared to the CCG average of 89% and national average of 86.8%.
- 82.3% 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%.
- 62% 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%.
- 76.2% 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%.
- 78.1% patients said they found the receptionists at the practice helpful compared to the CCG average of 87.5% and national average of 86.9%.

However, all of the 27 patient CQC comment cards we received were positive about the service experienced and were positive about interactions with staff. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with compassion, dignity and respect. We also spoke with six patients 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.

The practice manager told us they had recognised that patient satisfaction with the practice had been low and they had focused on improving the patient experience over the past 15 months. They had conducted patient surveys in May 2015 in response to the national GP patient survey results. They had looked at the quality of consultations with the three GPs by providing questionnaires to patients after their consultations. In total 101 forms were given to patients during May and 65 were completed. The majority of responses received were good to excellent with only four responses in the fair to good category and none in the poor category.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey we reviewed showed patients were not always satisfied with their involvement in planning and making decisions about their care and treatment and results were below local and national averages. For example:

- 63% 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%.
- 61.9% 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.

However, patients we spoke with 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. The survey conducted by the practice in May 2015 also indicated that patients were satisfied with their involvement in their care and treatment.

Staff told us that interpreter services were available for patients who did not have English as a first language. The practice website had a 'translate page' function. This enabled patients and staff to easily translate and print

information in a number of different languages. Clinical and non-clinical staff who could speak languages relevant to the patient population were also available to assist as necessary.

Patient and carer support to cope emotionally with care and treatment

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

The practice manager told us they had a carer's register but felt this was not representative of the number of carers at the practice. They said this information was captured opportunistically and although added to records this information was not always coded to enable them to analyse the data. The practice had developed a 'Carer's Champion' role and the health care assistant undertaking this role had completed training in July 2015. This role included identifying the practice patients who were carer's and ensuring they were coded correctly and included on the register. The Carer's Champion support carer's by offering health checks and referral for social services support.

Written information was available for carers to ensure they understood the various avenues of support available to them. Information for carer's was available on the practice website and there were links to the NHS Choices information pages.

Good

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 plan services and to improve outcomes for patients in the area. For example, the practice had been working closely with the CCG and had made improvements in prescribing practice and patient experience.

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 weekly extended hours until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people who required these.
- Home visits and telephone consultations were available for patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions. A specific telephone number to reception was provided for patients with complex needs.
- Interpreter services were available and GPs and some reception staff were fluent in the languages of most patients who were registered at the practice.
- Patients with a learning disability and those who were carer's were offered an annual health review.

However there were areas for improvement mainly due to the building. We found there was limited access for the disabled and/or wheelchair users as there were shallow steps to the entrance and narrow corridors and doors. Some consulting rooms were on the first floor accessed by steep stairs. The staff told us that patients with who could not access the stairs would be seen in a ground floor consulting room. Services and adaptations for the visually or hearing impaired were not provided. Work to build a new bespoke building was due to commence and was scheduled be completed by March 2016 so adaptations to address these areas the current building were not planned.

Access to the service

The practice was open between 8am to 6.30 pm Monday to Friday. GP appointments were available in various sessions from 8.30am to 5.30pm. Extended hours for GP appointments were available on a Tuesday until 7.45pm. The practice manager reported a poor uptake of the extended hour's appointments. The advanced nurse practitioner offered variable appointment sessions from 8.30am daily and they worked until 6pm on a Monday evening. Patients could also attend the Brook Street surgery where variable appointment times and extended hours were also available through the week. In addition pre-bookable appointments could be booked up to six weeks in advance, urgent appointments were available for people that needed them. The practice also offered telephone consultations and home visits for those who were unable to get into the practice.

Results from the national GP patient survey showed that patients were not always satisfied with access to care and treatment and results were below local and national averages. For example:

- 71.9% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.2% and national average of 75.7%.
- 67.2% 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%.
- 54.7% patients described their experience of making an appointment as good compared to the CCG average of 73.8% and national average of 73.8%.
- 47% 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%.

Although the data above is poor we found the practice had made a number of improvements to the service in response to this information. The practice manager told us they had been focusing on improving the patient experience. They said they had made a number of improvements after reviewing the statistics from the national patient survey in 2014 and they said the 2015 results were an improvement on the previous year. They told us that following the 2015 results they had again reviewed their appointment system, provided more telephone consultations and promoted their online booking system.

People we spoke to on the day gave us varied responses but generally they were satisfied with the appointment system and said they could be seen urgently if necessary. Two of the six patients we spoke with told us they had noticed an improvement in the appointment system. Only

Good

Are services responsive to people's needs?

(for example, to feedback?)

one of the 27 comment cards we received had a negative comment about appointments. They told us there had been problems getting appointments but this had been solved by using the online service. Patients commented positively on the female GP, however there was no female GP available at the practice and the person the patients referred to as a GP was a female advanced nurse practitioner.

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 that information was available to help patients understand the complaints system. For example, information was available on the web site and this could be translated into different languages. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a patient with limited mobility had complained they had been unable to arrange a suitable appointment and appointment options such as home visits had not been discussed with them. The practice manager investigated this incident, updated the relevant patient registers, had a meeting with the staff member involved and provided the patient with a priority telephone number to enable them to access the appointment booking system. We also saw that as a result of another complaint the GPs had developed a new protocol for assessing and managing patients with diabetes.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

We were told by the CCG that this practice had a number of very challenging circumstances to manage. They told us this was due to a number of factors such as, the design of the current building and being in one of the most deprived areas nationally. The CCG told us 89.2 % of the practice population was from an ethnic community compared to local CCG average of 22% and national average of 16%.

The practice manager told us they did not have a written set of aims and objectives, strategy or improvement plan. There was also no maintenance programme for the building. However, they said the practice had a vision of improvement which centred on a move to a new, bespoke, purpose built GP premises. The GPs told us the building work would start in the next two months and would be completed by the end of March 2016. The practice manager told us they had been focused on improving the patient experience over the last year following below CCG average National GP survey results. Surveys conducted since January 2015 showed an improvement and patients told us they were satisfied with the care they received. They also told us they had focused on improving team morale and team working with non-clinical staff. They had introduced values based, monthly one to one sessions and six month appraisals. Staff told us they were well supported and involved in improvements.

The GPs were aware of future challenges and had plans in place to manage these. For example, one of the GP partners was to retire at the end of September but a new partner was in place and would increase their clinical sessions according to need. Their current PMS contract was due for review which would impact on the practice income and contract options were being reviewed.

Governance arrangements

We found the practice governance framework to support the delivery of good quality care required improvement. Staff understood their roles and responsibilities however; we found during our discussions with staff, including GPs and practice nurses, there was a heavy reliance on the practice manager in all aspects and there was some confusion at times as to role and responsibilities.

The practice did not have clearly defined and embedded systems, processes and practices in place to keep people safe. Whilst there were some practice specific policies and procedures available to staff we found that these did not cover important areas such as infection prevention and control, health and safety and fire safety. Some work had been completed to develop health and safety policies and procedures by one of the administration staff but these had not been agreed by the management and implemented. Policies and procedures we looked at had not been regularly reviewed and some of the policies and procedures had not been reviewed on their due review date recorded as 2013.

The GPs had an understanding of the performance of the practice and had been working towards improvements in prescribing and patient experience. The management team had been working closely with the CCG to improve its performance over the past 12 months. They used the Quality and Outcomes Framework (QOF) and information from the local CCG to measure its performance. The QOF data for this practice showed it was performing in line with national standards. However due to poor patient record keeping and lack of coding of some patient records we could not be assured all patients had been identified within the QOF groups and had received the care identified in the relevant indicators.

Clinical audits had been carried out with the Clinical Commissioning Group pharmacist to look at prescribing practice. For example, there had been 16 medication audits in last year which had led to significant reductions in the use of antibiotic prescribing. However, whilst usage of broad spectrum antibiotics deceased under CCG vigilance; performance in other prescribing parameters, not under such close scrutiny, was not meeting local CCG targets. For example, the use of sedatives such as benzodiazepines and low dose antipsychotics remained significantly high and use of low dose psychotics had increased in the last year.

We saw two audits of the outcomes of circumcision surgery had been completed over the last 12 months by one GP. Another GP who also performed circumcisions provided their last audit following the inspection which had been completed for 2014. These audits did not highlight any areas for improvement or learning. We did not see any complete audit cycles covering direct patient care and there no other evidence that clinical audits were used routinely to monitor patient outcomes.

Are services well-led?

Inadequate

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

Evidence from other data sources, including incidents and complaints was used to identify areas where improvements could be made. Additionally, there were processes in place to review patient satisfaction and action had been taken, when appropriate, in response to feedback from patients or staff.

Records were not always adequately maintained. For example:

- Clinical record keeping was not always sufficiently detailed and a recent audit by NHS England found the records were below expected standards. One GP had attended training to improve clinical record keeping.
- Records of recruitment were not well organised and were held in a number of different places. Records of interviews, DBS checks, and nurse's professional registration were not held.
- Records of vaccine storage temperature checks were not consistently recorded and actions when temperatures were identified as outside the recommended ranges were not recorded.
- Records of patient safety alerts and actions taken in response were not maintained.
- Records of receipt and use of blank prescriptions were not consistently maintained and were not accurate. Individual FP10 prescription pads were stored in a locked drawer and prescription forms for printers were stored in a lockable room accessible to all staff. (Storage of prescriptions should comply with NHS protect guidance such as, prescription's should be in a locked cabinet within a lockable room or area and access to forms should be restricted to authorised individuals.) There were systems in place to monitor the use of prescriptions but the records were held on loose sheets of paper and were not in consecutive order. The signing out sheet for the FP10 pads could not be found. We found a FP10 prescription pad could not be accounted for. The records of receipt indicated that there should be four pads for one of the GPs but there were only three in stock. The manager told us she would investigate this.
- There were gaps in the records of checks of emergency equipment and records of checks of the oxygen checks could not be found.

Audits were not used routinely to monitor the quality of the service and practice. For example, the last infection prevention and control audit had been completed in 2013 and had highlighted a number of areas for improvement. This audit had not been repeated to check progress and not all the areas had been addressed from the 2013 audit.

The practice had not identified, recorded and managed risks. The practice manager told us they had just commenced risk assessments of the premises. They said they had completed health and safety risk assessments for two clinical rooms in July 2015. We saw risks had been identified in these areas and action plans had been produced and implemented. However risk assessments for other areas such as infection prevention and control and fire safety had not been completed. We referred concerns about fire safety to the West Yorkshire Fire service.

The practice held regular staff meetings where governance issues were discussed. We looked at minutes from these meetings and found that performance, quality and risks had been discussed.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example, disciplinary procedures and management of sickness which were in place to support staff. We were shown the electronic staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required. The practice had a whistleblowing policy which was also available to all staff in the staff handbook and electronically on any computer within the practice.

The lack of appropriate monitoring mechanisms and poor record keeping meant that the practice was not able to assure the quality of service provision.

Leadership, openness and transparency

The partners and practice manager had the experience to run the practice and ensure good quality care but systems were not adequate to ensure this. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to staff. The partners and the practice manager encouraged a culture of openness.

Staff told us regular team meetings were held. Staff told us 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

Are services well-led?

Inadequate

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

by the practice manager. Staff were involved in discussions about how to run and develop the practice. Staff were encouraged 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 and had proactively gained patients' feedback. It had gathered feedback from patients through surveys and complaints received. The practice manager told us they had been focused on improving the patient experience following below average results in the National GP survey. They had completed surveys of patient consultations and improved the appointment system.

The practice had not been able to develop a patient participation group (PPG) although this was advertised on the web site and in the practice. The practice manager told us they were going to approach individual patients in person to try to push this forward.

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff training provision and support was not adequate because: There was no induction training programme. Staff had not received training or regular updates in areas such as health and safety, fire risk assessment, safeguarding vulnerable adults and children, infection control or basic life support. Clinical supervision was not provided for nurses. Regulation 18(1) (2)(a)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment Care and treatment was not provided in a safe way in that: Risks to the health and safety of service users of receiving care and treatment had not been assessed and all that is reasonably practicable had not been done to mitigate any such risk. 12(1)(2)(a)(b) Staff training in health and safety procedures had not been provided. Staff had not received fire safety training or training in basic life support. 12(1)(2)(c) The fire escape routes were not adequately marked with the correct signage to identify the escape routes. The blinds in the first floor waiting room were broken and the cords were looped and one was very long and hanging below the window sill which could pose a hazard for service users, particularly children. The stairs carpet leading to the first floor was becoming worn and slightly loose and may pose a trip hazard. 12(1)(2)(d) Electrical systems had not been checked in the last five years. The fire alarm and emergency lighting had not been regularly tested between annual services to ensure this was in working order. 12(1)(2)(e)

This section is primarily information for the provider

Enforcement actions

Vaccines were held in a dedicated refrigerator. However, this was not locked and was situated in an unlocked room.

The refrigerator used for storing vaccines was not hard wired and the plug was not marked in any way to prevent the refrigerator being accidently turned off.

The temperatures of the vaccine refrigerator were not consistently monitored and appropriate action had not been taken to ensure the effectiveness of the vaccines.

The systems for transporting vaccines to the providers other site were not in line with recommended practice. The practice used a domestic style cool box rather than a validated medical grade cool box and there were no systems to monitor maximum and minimum temperatures while the box was in use.

Stocks of vaccines were stored with no clear division between children's and adults vaccines to minimise the risk of errors.

Stocks of vaccines were stored with no division in relation to expiry dates to aid stock control and minimise risk.

12(1)(2)(g)

Staff had not received infection prevention and control (IPC) training

There was no evidence IPC risk assessments had been completed.

IPC Infection and prevention and control audits were not routinely completed and the required actions from the 2013 audit had not all been addressed.

A patient treatment couch in a GP room had a hole in the washable cover and could not be effectively cleaned.

Paper privacy curtains had not been changed on a regular basis.

Seating in the ground floor waiting room was in a poor state of repair and was made of fabric which could not be effectively cleaned.

12(1)(2)(h)

Regulated activity	Regulation

This section is primarily information for the provider

Enforcement actions

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Governance systems and processes were not established and operated effectively in that:

Systems and processes had not been established and operated effectively in order to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities (including the quality of the experience of service users in receiving those services).

17(1)(2)(a)

Systems and processes had not been established and operated effectively to assess, monitor and mitigate risks relating to health safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activities.

Health and safety policies and procedures were not in place to support and guide staff in all areas of health and safety matters.

Infection and prevention and control (IPC) policies and procedures had not been regularly reviewed and up to date policies and procedures had not been implemented.

Health and safety risk assessments for the whole premises had not been completed. Risk factors had not been identified and actions had not been taken to mitigate risks.

17(1)(2)(b)

Systems and processes had not been established and operated effectively to maintain an accurate, complete and contemporaneous record in respect of each service user and of decisions taken in relation to the care and treatment provided.

17(1)(2)(c)

Systems and processes had not been established and operated effectively to maintain securely such other records as are necessary to be kept in relation to the management of the regulated activity.

Records of receipt and use of blank prescriptions were not consistently maintained and were not accurate.

This section is primarily information for the provider

Enforcement actions

17(2)(d)