

Cross Hills 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 well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cross Hills Group Practice on 11 November 2015. The practice was rated as requires improvement for safe and well-led. The overall rating was requires improvement. Breaches of legal requirement were found.

Following on from the inspection the practice provided us with an action plan detailing the evidence of the actions they had taken to meet the legal regulations in relation to providing safe and well led services to patients.

We undertook a desk based review on 26 October 2016 and visited the practice on 1 November 2016. This was to review in detail the information the practice had sent to us and to confirm that the practice were now meeting legal requirements.

A full comprehensive report which followed the inspection on 11 November 2015 can be found by the selecting 'all reports' link for Cross Hills Group Surgery on our website at www.cqc.org.uk.

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

- Infection Prevention and control risks were minimised
- Correspondence (including test results) was managed promptly and effectively
- All medicines in the practice were safely managed.
- The practice demonstrated that it routinely collected data and responded effectively to patient feedback.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Risks to patients were assessed and well managed
- Infection Prevention and Control (IPC) was managed in a systematic way with the appointment of an IPC lead in December 2015.
- IPC training had been undertaken by the whole practice team in the previous 12 months
- All IPC protocols and procedures had been reviewed and revised since the last inspection.
- A comprehensive IPC audit was undertaken by an external agency in April 2016 and an action plan had been developed and was in progress. Further audits were planned to ensure practice improvements were continuing to be made.
- A review of incoming correspondence had been undertaken and new standards and processes had been adopted by the whole team.
- An ongoing quarterly audit programme of adherence to correspondence standards has been developed to ensure standards were consistently being met.
- The practice has undergone an externally-facilitated Clinical Risk Self-Assessment to identify areas for further improvement. We were told the results of this assessment will be shared with the whole practice team and learning taken forward when the results are formalised by the external agency.
- An audit of medicines was undertaken by the practice. Medicines in the practice were now checked on a weekly basis. Medicines were available for doctors to take on home visits when required. All doctors had access to these medications; however we found that one doctor preferred to use their own bag although this was discouraged by the practice, but found to be fit for purpose.

Are services well-led?

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

Good



- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were safe and effective governance arrangements in place. These included the identification of risk and policies and systems to minimise risk.

Summary of findings

- Feedback from the Family and Friends Test was now collated and circulated through the practice on a quarterly basis and any themes were identified.
- Comments on NHS Choices were now responded to routinely.
- The practice had a notice board highlighting changes made in the surgery as a response to patient comments.
- A patient satisfaction survey was being planned to coincide with the annual seasonal flu vaccination programme to ensure high numbers of patients were asked for their opinions.
- The practice had revitalized their relationship with the Patient Participation Group (PPG) and changed the time and day of the meetings to improve representation. The minutes of PPG meetings demonstrated a more structured approach to engagement and members of the PPG told us that there was an improvement in the overall relationship.
- Externally facilitated handling customer complaints' training had been undertaken by the whole team to improve customer satisfaction.

Summary of findings

The six population groups and what we found

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

Older people

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

The provider had resolved the concerns identified for safety and well led which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

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

- The provider had resolved the concerns identified for safety and well led which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

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

- The provider had resolved the concerns identified for safety and well led which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

- The provider had resolved the concerns identified for safety and well led which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

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 provider had resolved the concerns identified for safety and well led which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

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).

- The provider had resolved the concerns identified for safety and well led which applied to everyone using this practice. The population group rating has remained the same.

Good



Summary of findings

What people who use the service say

During the inspection we spoke with three patients and members of the patient participation group. Comments

received from them were positive. All agreed they were happy with the care they received from any of the clinicians. We were given many examples of good care and support they had received.

Cross Hills Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a CQC Lead Inspector and a GP specialist advisor.

Background to Cross Hills Group Practice

The practice delivers care from a single site health centre on Holme Lane in the village of Cross Hills in North Yorkshire BD20 7LG. There are in excess of 12000 patients registered with the practice.

It is in the least 10% least deprived areas of the country and is part of NHS Airedale Wharfedale and Craven Clinical Commissioning Group (CCG). The practice covers a large rural population.

The practice consists of eight GP's (two male and six female), seven nurses and two healthcare assistants. The clinical team is supported by a small number of management and administrative staff.

The practice supports placements for GPs in training and medical students.

The practice is open between 8am and 6pm Monday to Friday (although staff remain on site until 6.30pm). Appointments are available from 8am to 6pm daily. The practice is closed for training on the second Thursday every month from 1pm. Extended hours are provided on Monday and Thursday evenings 6.30pm to 8.30pm.

Out of hours care is provided by Local Care Direct (LCD).

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Airedale Wharfedale and Craven CCG, to share what they knew about the practice. We reviewed the latest 2015/16 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2016). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 1 November 2016. During our visit we:

- Spoke with a range of staff, which included GPs, nurses and managers and administrative staff.
- Spoke with patients
- Observed how patients were cared for and treated in the reception area.
- Spoke with a member of the patient participation group, who informed us how the practice engaged with them.

Detailed findings

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

- Is it safe?
- 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

Overview of Safety and Systems

When we inspected the practice in November 2015 we identified some concerns in areas of infection prevention and control, the safe management of medicines and the handling of correspondence.

At this inspection in November 2016 we found the practice had addressed all the concerns.

- Risks to patients were assessed and well managed
- Infection Prevention and Control (IPC) was managed in a systematic way with the appointment of an IPC lead in December 2015.
- IPC training had been undertaken by the whole practice team in the previous 12 months
- All IPC protocols and procedures had been reviewed and revised since the last inspection.
- A comprehensive IPC audit was undertaken by an external agency in April 2016 and an action plan had been developed and was in progress. Further audits were planned to ensure practice improvements were continuing to be made.
- A review of incoming correspondence had been undertaken and new standards and processes had been adopted by the whole team.
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- An audit of medicines was undertaken by the practice. Medicines in the practice were now checked on a weekly basis. Medicines were available for doctors to take on home visits when required. All doctors had access to these medications; however we found that one doctor preferred to use their own bag although this was discouraged by the practice.

Are services well-led?

Good 

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

Our findings

When we inspected the practice in November 2015 we identified concerns with some aspects of how well- the practice was. This included in the areas of governance and seeking and acting on feedback from stakeholders.

At this inspection in November 2016 we found the practice had addressed all the concerns.

Governance arrangements

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were safe and effective governance arrangements in place. These included the identification of risk and policies and systems to minimise risk.

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

- Feedback from the Family and Friends Test were now collated and circulated through the practice on a quarterly basis and any themes were identified.
- Comments on NHS Choices were now responded to routinely.
- The practice had a notice board highlighting changes made in the surgery as a response to patient comments.
- A patient satisfaction survey was being planned to coincide with the annual seasonal flu vaccination programme to ensure high numbers of patients were accessible for their opinions.
- The practice had revitalized their relationship with the Patient Participation Group (PPG) and changed the time and day of the meetings to improve representation. The minutes of PPG meetings demonstrated a more structured approach to engagement and members of the PPG told us that there was an improvement in the overall relationship.
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