

Beechwood Medical Centre

Quality Report

60a Keighley Road

Halifax HX2 8AL

Tel: 01422 305970

Website: www.beechwoodmedicalcentre.co.uk

Date of inspection visit: 15 March 2016

Date of publication: 07/06/2016

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Outstanding practice	12

Detailed findings from this inspection

Our inspection team	13
Background to Beechwood Medical Centre	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Beechwood Medical Centre on 15 March 2016. The practice has received an overall rating of good. Specifically we rated the practice as outstanding for providing responsive services people with long term conditions, families children and young people, working age people, people whose circumstances may make them vulnerable and people experiencing poor mental health.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care. Patients were able to access appointments seven days a week, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw the following area of outstanding practice:

- The practice provided seven day access to appointments with GPs and nurses. This service was self-funded by the practice. The practice responded quickly to capacity and demand pressures. Availability

Summary of findings

of appointments and patient waiting times were reviewed constantly throughout the day. Additional appointments were made available on a daily or weekly basis as patient demand increased

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



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice told us that when there were unintended or unexpected safety incidents, the affected person would receive an open and transparent response, and where appropriate, an apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to monitor risk, assess need and deliver appropriate treatment for those patients with more complex needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. The practice had recently expanded the number of available consulting rooms and as a result was able to host ultrasound scanning services, wheelchair services and epilepsy services. It also provided a room from which out of hours services could occasionally be run. They hosted diabetes support group coffee mornings and a fortnightly craft group which provided products to be sold in a local charity shop.
- There were innovative approaches to providing integrated person-centred care. For example the practice was acting as a pilot for the 'Social Prescribing' (loneliness) project and for a community paediatric clinic.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example the practice provided seven day access to appointments, both routine and urgent. This service was continuing due to positive patient feedback, despite the supporting funding having been withdrawn. Continuity of care was provided as the same GP worked on Saturday and Sunday each week. The practice provided data which showed that having the opportunity to access GP appointments on Sunday prevented 35% of surveyed patients attending accident and emergency (A&E) or other out of hours (OOH) services.
- Available appointments were continually monitored throughout the day, and, when additional pressures applied, staff were deployed and extra appointments made available to meet demand. Waiting times were monitored and analysed to identify trends and clinician availability was adjusted accordingly. In addition on- screen alerts were in place to identify to reception staff which patients with complex conditions were to be given rapid access to appointments.
- The seven day access arrangements and the continual monitoring systems for appointments meant there were benefits for patients, for the staff and for the local health care

Outstanding



Summary of findings

system. Patients could be seen when they needed to be seen, and demands on staff were reduced during previously busy times, for example Monday mornings. Evidence shown to us indicated that this arrangement reduced the demand on accident and emergency and other out of hours services.

- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The practice business manager provided a weekly update to the management team which encompassed several key areas including staffing issues, performance against key performance indicators such as Quality and Outcomes Framework (QOF) data, update on short and long term strategic issues, appointment waiting times, and updates on the financial status of the practice.
- The practice carried out proactive succession planning. One of the partners was due to retire at the end of the year and the practice were looking to recruit a replacement for him as well as an additional GP partner.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff described examples of when the partners and management team had provided practical assistance and shown high levels of flexibility with staff who were undergoing difficulties in their personal lives.
- The practice gathered feedback from patients using new technology, and it had a very active patient participation group which influenced practice development. For example a leaflet had been produced which gave patients clear and easy to understand information about booking appointments. A 24 hour telephone line enabled patients to book routine appointments. Patients were also able to request and cancel

Summary of findings

appointments and order repeat prescriptions online.Touch screen Friends and Family Test (FFT) feedback was available in the waiting area, and text reminders were sent to patients with details of time and date of forthcoming appointments.

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 was rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with complex needs.
- Before the inspection we sought feedback from a nursing home who had residents registered with the practice. They told us they were happy with the service provided by the practice.
- The practice provided data which showed that 30% of eligible patients had received their over 75 check in the previous year.
- The GPs routinely reviewed their care home patients on a six monthly basis.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 97% of patients with diabetes, on the register, had an influenza vaccination in the preceding year compared to the national average of 94%.
- The practice provided level four diabetic service to patients, enabling insulin and other injectable treatments to be initiated and monitored within the practice setting. The practice provided us with data which showed that only 3% of the patients on the diabetic register had been referred into hospital diabetic services in 2014 and 1% in 2015.
- Before patients attended for diabetic reviews they received a detailed summary and explanation of their most recent test results. Patients were invited to decide their own health priorities which were discussed with the clinician during their appointment.
- The practice clinical system had an icon which identified those patients with diabetes who were at greater risk of developing foot problems.
- Patients with other long term conditions were offered priority access to appointments without the need for telephone triage.

Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 75% of patients with asthma, on the register had received an asthma review in the preceding 12 months which was the same as the national average.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Babies and pre-school children were given priority access to appointments.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice ran a weekly well baby clinic in conjunction with the health visitors. Formal meetings were held bi-monthly with health visitors to discuss families and plan care for those who were identified as being in greater need.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening accurately reflecting the needs of this age group.

Good



Summary of findings

- 78% of eligible women had a recorded cervical screening test within the preceding five years which was lower than the national average of 82%.
- The practice provided us with data which showed that 58% of eligible people had received the NHS health check in the preceding year, compared to the CCG average of 51%.

People whose circumstances may make them vulnerable

The practice was rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with complex needs.
- The practice liaised with multidisciplinary teams to assess need, plan care and monitor progress in the case management of vulnerable people.
- The practice gave vulnerable patients information about various support groups and voluntary organisations.
- The practice was part of a pilot utilising 'Social Prescribing' which is intended to reduce social isolation and encourage integration.
- Staff gave us good examples of when they had recognised signs of abuse in vulnerable adults and children, and when safeguarding policies and procedures had been effectively applied. Contact details for relevant agencies both in and outside normal working hours were available on the electronic file which all staff were able to access.
- The practice had identified 1% of their patient list as carers. Carers were offered an annual health check and flu vaccination, and were given details of additional support services, such as Calderdale Carers' Association

People experiencing poor mental health (including people with dementia)

The practice was rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- 80% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- 91% of patients with schizophrenia or other psychoses had completed a comprehensive care plan within the preceding 12 months which was comparable to the national average of 88%.

Summary of findings

- The practice worked with their local mental health services in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice gave patients experiencing poor mental health information about how to access local support groups and voluntary organisations such as the Social Prescribing (loneliness) project.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice offered a service to those patients needing to reduce their dependence on benzodiazepines.
Benzodiazepines are drugs which produce a tranquilising effect and are used to treat symptoms of anxiety as well as sleeping problems and some other conditions.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. There were 414 forms distributed and 98 were returned. This represents 24% of the surveyed population and 1% of the practice population as a whole.

- 93% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 82% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).

- 74% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. They told us they were seen by a clinician when needed, and that staff were helpful and polite.

We spoke with seven patients during the inspection, three of whom were members of the patient reference group (PRG). All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring. The most recent data from the friends and family test showed that 77% of respondents would recommend the practice to friends and family.

Outstanding practice

- The practice provided seven day access to appointments with GPs and nurses. This service was self-funded by the practice. The practice responded quickly to capacity and demand pressures. Availability

of appointments and patient waiting times were reviewed constantly throughout the day. Additional appointments were made available on a daily or weekly basis as patient demand increased

Beechwood Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Beechwood Medical Centre

Beechwood Medical Centre is situated in Ovenden, Halifax. Ovenden is a small village approximately one mile from Halifax town centre. The practice has a patient list size of 8315 patients. Most of their patients (84%) are of white British origin. The practice is housed in single storey purpose built accommodation. The practice provides Personal Medical Services (PMS) under a locally agreed contract with NHS England. They offer a range of enhanced services such as extended hours access and childhood vaccination and immunisation..

There are four GP partners, two of whom are male and two female, and one male salaried GP. The clinical team also consists of one female nurse practitioner, three female practice nurses, a locum prescribing pharmacist and one female health care assistant. The clinical team is supported by a practice business manager, office manager, reception manager and a range of reception and administrative staff. The practice is a training practice and offers general practice experience to medical students and foundation year doctors wishing to gain experience in general practice.

The practice had recently undergone significant staff changes. Three nurse practitioners had left the practice within the last year and a new nurse practitioner had been recently recruited. A GP who had previously worked at the

practice as a locum had also been appointed as a salaried GP. One of the GPs was due to retire at the end of the year, and the practice were seeking to recruit a replacement for him as well as an additional GP to augment the clinical team.

The practice catchment area is classed as being within one of the more deprived areas in England. People living in more deprived areas may have greater need to access health services. The age profile of the practice shows a slightly higher percentage of patients in the 0-34 year age group.

Beechwood Medical Centre is open between 8am and 6.30pm Monday to Friday. Extended hours are offered on Saturday between 9.30am and 12.30pm and on Sunday between 11am and 2pm.

Several clinics are held each week including asthma, epilepsy, diabetes and phlebotomy.

Out of hours cover is provided by Local Care Direct and is accessed via the surgery telephone number or by calling the NHS 111 service.

Beechwood Medical Centre is situated at 60a Keighley Road, Halifax, Calderdale HX2 8AL.

Beechwood Medical Centre has previously been inspected by the Care Quality Commission but did not receive a rating

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

Detailed findings

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 the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders such as NHS England and Calderdale Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided both before and during the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF), national GP patient survey and NHS Friends and Family (FFT) test information. In addition we contacted a nursing home who had residents registered with the practice, to gain their feedback.

We carried out an announced visit on 15 March 2016. During our visit we:

- Spoke with a range of staff including two GPs, the practice business manager, the office manager, two reception/administrative staff members, one practice nurse and the health care assistant.
- We also spoke with seven patients, three of whom were members of the patient reference group(PRG).
- We received 16 comment cards. We observed communication and interaction between staff and

patients, both face to face and on the telephone. We reviewed the comment cards where patients and members of the public shared their views and experience of the service.

- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. A significant events meeting was held six monthly to help identify any themes or trends.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a pregnant woman who had a long term condition did not receive a required blood test in a timely way. Following this incident the practice reviewed their procedures and ensured all clinicians were aware of guidance and timelines for investigations and screening tests during pregnancy. In addition the practice website was updated to provide patients with detailed information about what vaccinations and vitamin supplements were recommended in pregnancy.

We saw evidence that following unintended or unexpected safety incidents, patients were offered a full explanation, an apology, and were given details of actions the practice intended to take to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs provided information for

safeguarding meetings when appropriate. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level three.

- A notice in the waiting room and in clinical areas advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice business manager was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Quarterly IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were appropriate (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The nurse practitioner and one of the practice nurses were qualified as Independent Prescribers and were able to prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of

Are services safe?

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that

enough staff were on duty. Annual leave was allocated to allow for sufficient cover by all staff groups. Rotas were developed six weeks in advance. Where deficits were anticipated extra staff were allocated or available appointments were adjusted to manage the workload.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available, with 10% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the the CCG and national averages. For example 92% of patients on the diabetes register had a recorded foot examination completed in the preceding 12 months compared to the CCG average of 89% and national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 84% which was the same as the CCG and national averages.
- Performance for mental health related indicators was similar to CCG and national averages. For example 89%

of eligible women with schizophrenia or other psychoses had a recorded cervical screening test completed in the preceding five years compared to the CCG average of 91% and national average of 89%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing the thresholds for initiating treatment for diabetes. As a result patients received the appropriate treatment, and prescribing costs had been reduced.

Information about patients' outcomes was used to make improvements such as reducing the dosage and duration of benzodiazepine prescribing for patients.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions., Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the needs of patients with complex health and social needs, and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multidisciplinary team meetings took place on a bi-monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance such as Gillick competency. These are used in medical law to decide whether a child is able to consent to his or her own medical treatment without the need for parental knowledge or consent.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring health promotion advice. Patients could be signposted to the Social Prescribing (loneliness) project or to the a range of in-house services which included smoking cessation, dietary and alcohol advice. The practice provided evidence which showed that 32% of patients who attended the smoking cessation service on Sunday had reached the four week 'quit' target. Substance misuse services were provided locally. Patient champions were being developed to set up and run patient education programmes and initiate healthy walking groups.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 85% and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% and five year olds from 93% to 99%.

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

Are services caring?

Our findings

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff told us that a private room was available where patients could be seen if they appeared distressed or needed to discuss sensitive issues.

All of the 16 Care Quality Commission patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 78% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 84%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 82% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 81% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 91%).
- 89% said they found the receptionists at the practice helpful (CCG and national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. The practice had developed a form which was sent to diabetic patients before they attended for their reviews. The form gave details of any recent test results, with an explanation of their meaning. Patients were invited to identify which areas they wanted to focus on before the appointment, which enabled patient and clinician to jointly plan care and treatment options. Patients on the day told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 79% national average 82%)
- 76% said the last nurse they saw was good at involving them in decisions about their care (CCG average 81% national average 85%)

Staff told us that interpreter services, both telephone and face to face were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations such as bereavement support groups and Calderdale Carers' Project.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had experienced a bereavement the GP would contact them by telephone when appropriate. Reception staff were aware that such patients should be given priority access to an appointment with a GP, and staff were trained to offer a GP appointment if

patients came to the surgery for any other purpose. There was an 'open door' policy for relatives of deceased patients. The practice also provided information about bereavement support services available locally.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice were participating in the 'Aspire' project in conjunction with a local university, which looked at identification, care and treatment pathways for patients with diabetes and atrial fibrillation. Atrial fibrillation is a heart condition which is characterised by an irregular and often rapid heart rate.

- The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available until 6.20pm on alternate Fridays. Extended hours were available on Saturday between 9.20am and 12.30pm, and on Sunday between 11am and 2pm.
- Appointments could be booked by telephoning or calling into the practice, or via the practice website or the 24 hours telephone appointment booking system.
- Longer appointments available for patients on request, or for those patients with more complex needs.
- Home visits were available for housebound or very sick patients.
- Priority appointments, without the need for triage, were offered for patients identified on the practice computer system as having complex needs. Babies and pre-school children were also given priority access for same day appointments.
- The practice was well equipped to meet the needs of patients with mobility difficulties or those who used a wheelchair. Interpreters for patients with hearing impairment were used when required, as were telephone or face to face interpreters for patients who did not have English as a first language.

Access to the service

Appointments could be booked up to four weeks in advance for routine and non-urgent matters. Same day appointments were also available for urgent or serious conditions. Appointments could be booked via the 24

hours telephone appointment booking system, by telephoning the practice during opening hours, by online appointment booking, or by attending the practice in person.

Access to weekend appointments could be booked in advance, or could be accessed on a 'walk in' basis.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 93% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 74% patients said they always or almost always see or speak to the GP they prefer (CCG average 53%, national average 59%).

The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example the practice provided seven day access to appointments, both routine and urgent. This service was continuing due to positive patient feedback, despite the supporting funding having been withdrawn. Continuity of care was provided as the same GP worked on Saturday and Sunday each week. The practice provided data which showed that having the opportunity to access GP appointments on Sunday prevented 35% of surveyed patients attending accident and emergency (A&E) or other out of hours (OOH) services.

The practice scored significantly better than other practices locally and nationally. This can be linked back to the seven day a week access to appointments for patients.

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

Listening and learning from concerns and complaints

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

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.



Are services responsive to people's needs? (for example, to feedback?)

- 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 on the practice website and in the patient information leaflet.

We looked at 28 complaints received in the last 12 months and found these had been dealt with in a timely way and handled with openness and transparency. Lessons were

learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, in response to patient complaints about difficulty accessing appointments the practice had introduced a system of continually reviewing appointment demand and capacity throughout the day, and additional appointments were made available at times of high demand.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had collectively agreed their values and strengths which included to provide the best quality service to patients by working together. All the staff we spoke with spoke told us they were proud to work at the practice. They demonstrated their understanding of and commitment to the practice vision and values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values. The practice business plan was reviewed six monthly to outline strategy and agree objectives for the next six months.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained The practice business manager provided a weekly update to the management team which encompassed several key areas including staffing issues, performance against key performance indicators such as Quality and Outcomes Framework (QOF) data, update on short and long term strategic issues, appointment waiting times, and updates on financial status of the practice.
- A programme of continuous clinical and internal audit was in place which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners and management team in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high

quality and compassionate care. The partners and management team were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners and management team encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular staff and multidisciplinary meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by the partners and management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff described examples of when the partners and management team had provided practical assistance and a flexible approach for staff who were undergoing difficulties in their personal lives.
- Staff training and development was central to the ethos of the practice. Staff were provided with a pre-appraisal document which staff were encouraged to complete to identify their personal objectives and learning and development needs for the forthcoming year.
- We saw feedback provided by newly qualified doctors who had completed a period of attachment with the practice. They described their experience as positive, and said that support provided by the GP mentor and other staff members was excellent.

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient reference group (PRG) and through surveys and complaints received. There was an active PRG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, patients had requested that where follow up appointments were required, that these were booked by the clinician during the initial consultation to ensure that appointments were available in a timely way. This had been agreed and all clinicians adhered to this practice. Patients had also suggested that the children's play area remain as a feature in the waiting area. This had been agreed, and the play area had been moved to a safe segregated area in the waiting room.

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

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. They were participating in the 'Aspire' project which looked at pathways for identification, treatment and monitoring for diabetes and atrial fibrillation.