

# Station Road Surgery

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector

We carried out an announced comprehensive inspection at Station Road Surgery on 10 November 2015. Overall the practice is rated as Good

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed
- Risks to patients were assessed and managed. We identified some areas with regard to infection prevention and control and medicines management during our inspection which the practice were able to rectify immediately.
- Patients' needs were assessed and care was planned and delivered following best practice guidelines. Staff had received training appropriate to their roles. Further training needs had been identified and planned although formal appraisals had not been

carried out in all cases and training records did not identify all the training staff had completed. Appraisal dates for all staff were set for later in the year and the practice undertook to update staff training records.

- 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 care provided by GPs and nurses was good although it was not always possible to see a GP of their choice. Urgent appointments were available on the same day
- There was a clear leadership structure and staff felt supported by management. The practice acted on feedback from staff and patients. However there was no system of analysis of significant events to identify trends over time.

We saw the following areas of outstanding practice:

# Summary of findings

- The practice had utilised innovation funds to set up a 'Singing Group' to help alleviate symptoms of anxiety and reduce social isolation. Patient evaluation indicated notable improvements in perception of quality of life after attending the group
- The partners offered an annual health and fitness session providing an open door to patients where health promotion and fitness information was discussed

However there were areas of practice where the provider needs to make improvements.

The provider should:

- Review the recruitment policy to ensure it is always followed when recruiting staff
- Carry out annual appraisals for all staff
- Develop a system of regular analysis of significant events to enable patterns and trends to be identified over time.

**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



- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents, near misses and any identified safeguarding issues. The practice carried out investigations when things went wrong and lessons learned were communicated to staff. However systems were not in place to formally analyse significant events to enable the practice to identify patterns and trends over time
- There was a recruitment policy in place and staff had received the necessary employment checks. However the practice did not always follow its recruitment procedures as one member of staff had been employed without undergoing a formal recruitment process. The practice assured us that the recruitment policy would be followed for all future recruitment processes.
- Staff had received training appropriate to their role and additional learning needs had been identified. At the time of our visit not all staff had an up to date appraisal. Dates had been set for all staff for appraisals to be carried out during December 2015 and the practice undertook to establish a thorough system of recording and monitoring staff training records.
- There were systems in place for safe medicines management. However during our inspection we found some equipment such as syringes which were out of date. These items were disposed of immediately.

### Are services effective?

The practice is rated good for providing effective services.

Good



- Data showed patient outcomes were comparable to those in the locality. Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and used it routinely.
- Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.
- Staff had received training appropriate to their roles and any further needs had been identified and appropriate training planned to meet them.
- Staff described good working relationships with multidisciplinary teams.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services

Good



- Data showed patients' rating was comparable or higher than other practices for several aspects of their care. All the patients we spoke with told us they were treated with compassion, dignity and respect by all members of the practice team. They told us they were involved in decisions about their care and treatment.
- Information for patients about available services was easy to understand and accessible.
- We saw staff treated patients with kindness, respect and dignity and that confidentiality was maintained.

## Are services responsive to people's needs?

The practice is rated good for providing responsive services.

Good



- The practice reviewed the needs of its local population and engaged with Calderdale Clinical Commissioning Group (CCG) and their patient participation group (PPG) to secure improvements to services where these were identified.
- The practice had responded to patient feedback about difficulty in accessing the surgery by telephone and had changed their phone number to a local dialling code. In addition they had streamlined calls from patients so that those requesting test results were asked to call outside of busy times.
- The practice had recognised that the current premises were becoming overcrowded and were looking at options for new premises. However they worked well within the existing facilities.
- Information about how to complain was clearly displayed and easy to understand. We saw evidence that complaints were handled in a transparent and timely way.
- The practice had extended hours on Monday and Thursday from 6.30am to 8pm. Urgent appointments were available on the same day as needed.

## Are services well-led?

The practice is rated good for providing well-led services

Good



- The practice had a clear vision and staff understood their responsibilities in relation to this.
- There was a defined leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and discussed governance issues at the monthly clinical governance meetings.

# Summary of findings

- There were some systems in place to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients which it acted upon. The practice had an active PPG.
- Staff had received inductions, appraisals were being planned and implemented, and all staff attended staff meetings and events.

# 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 good for the care of older people.

Good



- Nationally reported data showed that outcomes for patients were good for conditions normally associated with older people. The practice offered proactive personalised care to meet the needs of older people in its population.
- Longer appointments, telephone appointments, home visits and rapid access appointments were available to those patients with additional needs.
- Patients aged over 75 years were offered an annual holistic assessment which included a medication review
- The practice worked closely with other health professionals such as the district nursing team and community matron. Weekly meetings were held with these staff groups to ensure that information relating to these patients was shared and updated, and care planning was provided in a proactive way.
- The practice made use of the services of “Quest” nurses in managing the care and treatment needs of the residents of the local nursing home. Quest nurses are facilitated through the CCG and provide a link and liaison service between GP practices and nursing and residential home patients.
- The practice had links with one local nursing home and each of the residents had a named GP. Feedback we received prior to the inspection indicated that the nursing home was satisfied with the standard of care provided by the practice to their residents.

### People with long term conditions

The practice is rated 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.
- Those patients with long term conditions were offered an annual review with the health care assistant (HCA) with GP or practice nurse support as needed. Those patients who did not attend were sent further reminders, and an effective recall system was in place.
- Home visits were available for housebound patients.

# Summary of findings

- Those patients with the most complex needs had their progress discussed at the weekly multidisciplinary (MDT) or monthly palliative care meeting.

## Families, children and young people

The practice is rated 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 of of harm; for example children who failed to attend their immunisation appointments.
- Appointments were available outside of school hours and the premises were suitable for babies and young children. Patients told us children and young people were treated in an age appropriate way and were treated as individuals.
- The practice told us they had monthly meetings with the health visitor to discuss children considered to be at risk of harm. The practice took part in the child health surveillance programme and childhood vaccination services were provided. Data showed that immunisation uptake rates were in most cases slightly higher than local averages
- The practice employed a family planning nurse who held a weekly clinic offering contraceptive and well-woman services.

Good



## Working age people (including those recently retired and students)

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example the practice had extended hours on Monday and Thursday.
- People over the age of 40 years were offered a cardiovascular disease check which was delivered by the health care assistants. Patients identified as being at high risk were followed up with a GP appointment and offered an annual review appointment.
- The practice offered online appointment booking services, electronic prescribing, telephone triage services and a full range of health promotion and screening information and services that reflected the needs of this age group.

Good





# Summary of findings

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances and they were discussed at the weekly multidisciplinary (MDT) meetings. Medical reviews were offered as necessary.
- The practice held a register of patients with learning disability and this group of patients was offered an annual health check. Extended appointments were offered for these patients. The Calderdale learning disability nursing team had commended the way the practice carried out these checks and were planning to use the practice as a model for other practices to follow.
- The practice worked with MDTs in the case management of these patients. Before the inspection day we sought feedback from a local residential home which accommodated young learning disabled adults and learned that overall the home was happy with the standard of care provided by the practice.

Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. One of the GPs acted as safeguarding lead for the practice and had developed a short, easy to follow synopsis of the safeguarding policy which had been disseminated to all practice staff.

Good



## People experiencing poor mental health (including people with dementia)

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

- Annual health checks and individualised care plans were offered for these patients
- Care plans were in place for patients experiencing severe mental illness. Patients experiencing severe mental illness had their care and treatment managed through the use of regularly updated care plans.
- The practice acknowledged that their dementia diagnosis rate was lower than the CCG average and had undertaken a case finding exercise to better identify this group of patients
- Dementia screening tools were routinely used

Good



## Summary of findings

The practice had medical oversight of a psychiatric residential facility for people with enduring mental illness and told us they engaged well with this group of patients and provided effective care planning for their needs

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing below local and national averages in relation to getting through to the surgery by phone and in relation to the convenience of their appointment. However waiting times to be seen scored above local and national averages, as did satisfaction with the receptionists. There were 373 survey forms distributed and 103 were returned. This represents 34% of the patients surveyed and 0.9% of the patient population as a whole.

- 50% found it easy to get through to this surgery by phone compared to a CCG and national average of 74%.
- 91% found the receptionists at this surgery helpful compared to a CCG average of 86% and national average of 87%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and national average of 85%.
- 86% said the last appointment they got was convenient compared to a CCG and national average of 92%.
- 62% described their experience of making an appointment as good compared to a CCG and national average of 73%.

- 56% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 70% and national average of 65%.

The practice had acted on these results and had implemented a new telephone system. A local dialling code had been provided, patients requesting test results were advised to call outside of busy times and those patients who previously requested prescriptions over the phone were directed to online prescription ordering. The practice had worked closely with their patient participation group (PPG) to implement these changes.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 50 comment cards which were all positive about the standard of care received. Two of the cards described some difficulty with accessing the surgery by telephone and one person commented they had to wait a long time in the waiting room before being seen but these points had not impacted on their overall positive perception of the service provided by the GPs and the rest of the staff team.

We spoke with five patients during the inspection, three of whom were members of the PPG. All patients said that they were very happy with the care they received and thought that staff were approachable, committed and caring.

## Areas for improvement

### Action the service **SHOULD** take to improve

Importantly the provider should:

- Review the recruitment policy to ensure it is always followed when recruiting staff

- Carry out annual appraisals for all staff
- Develop a system of regular analysis of significant events to enable patterns and trends to be identified over time.

## Outstanding practice

We saw the following areas of outstanding practice:

- The practice had utilised innovation funds to set up a 'Singing Group' to help alleviate symptoms of anxiety and reduce social isolation. Patient evaluation indicated notable improvements in perception of quality of life after attending the group.

## Summary of findings

- The partners offered an annual health and fitness session providing an open door to patients where health promotion and fitness information was discussed.

# Station Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC inspector, a GP specialist advisor, a Practice Manager Specialist advisor and a Practice Nurse specialist advisor

## Background to Station Road Surgery

Station Road Surgery is situated in Sowerby Bridge, a small town three miles from Halifax. The surgery is situated within a converted police station which has grade two listed building status.

There are currently 10936 patients on the practice list which is predominantly made up of white English people. The practice is classed as being within the group of the more deprived areas in England.

The practice provides services for their patients under the terms of the locally agreed General Medical Services (GMS) contract. They are registered with the Care Quality Commission (CQC) to provide the following regulated activities: surgical procedures, family planning, treatment of disease, disorder or injury, diagnostic and screening procedures and maternity and midwifery services. They also offer a range of enhanced services for their patients for example extended hours and annual health checks for patients with a learning disability.

The practice has four GP partners, two of whom are male and two female. It also has two salaried GPs, both female. The practice has been accredited as a training practice where qualified doctors are trained to specialise in General

Practice. The practice has three female practice nurses and two female health care assistants. The clinical team is supported by a practice manager, assistant practice manager as well as reception and administrative staff.

The practice is open between 6.30am and 8pm on Monday and Thursday and between 8.30am and 6pm on Tuesday, Wednesday and Friday.

Patients needing to see a GP outside normal working hours are advised to contact the GP out of hours service provided by Local Care Direct which is accessed via the surgery telephone number or by calling the NHS 111 service.

## Why we carried out this inspection

We inspected this service as part of our new 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 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 CCG to share what they knew about the practice. We reviewed policies, procedures and other relevant information the

# Detailed findings

practice manager provided before the inspection day. We also reviewed the latest data from the Quality and Outcomes (QOF) framework, national GP patient survey, the NHS Friends and Family Test (FFT) as well as information and feedback on NHS choices. In addition we contacted one local nursing home and one home for adults with disabilities whose residents were registered with the practice, for their feedback.

We carried out an announced inspection on 10 November 2015. During our visit we:

- spoke with a range of staff including three GPs, two practice nurses, two health care assistants, the practice manager, assistant practice manager and two members of the administration team.
- We also spoke with five patients, three of whom were members of the Patient Participation Group (PPG).
- We observed communication and interaction between staff and patients, both face to face in the reception area and on the telephone in the confidential area on the first floor where incoming patient calls were taken.
- We reviewed 50 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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)

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 also an incident reporting book.
- The partners discussed significant events at their weekly meeting and information was disseminated to staff at their monthly clinical governance meetings. At the time of our visit the practice did not have a formal system of reviewing significant events to identify trends and themes over time but this was something the practice intended to address in future.

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 following an incident when a child was given a duplicate vaccination procedures were changed to ensure that checks on vaccination history were made both by looking at the parent held record as well as the computer system before any vaccination was given.

When unintended or unexpected safety incidents occurred, people received reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

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

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse although there were shortfalls in some areas.

- 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 attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that nurses would act as chaperones if required. On the day of our inspection chaperone training was being provided to non clinical staff intending to act as chaperones. Disclosure and Barring Service (DBS) checks were underway for these staff. (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 nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection prevention and control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. During our visit however we noticed that some pieces of equipment were out of date. These included some syringes and needles. When this was pointed out to staff they were disposed of immediately. In addition we noticed that the bins for clinical and non-clinical waste were both lined with orange clinical waste disposal bags. The practice policy clearly stated that non clinical waste should be collected in a black bag. The practice assured us this would be addressed as a priority. We were assured that clinical waste was collected and disposed of in line with environmental regulations.
- There were arrangements in place for managing medicines, such as emergency drugs and vaccinations. At the time of our visit we noticed that one ampoule of adrenaline was out of date. Adrenaline is a medicine used in treating acute allergic reactions and some other medical conditions. The practice took measures to destroy the medicine immediately and organised a replacement. We looked at a sample of vaccinations, all

## Are services safe?

of which were in date and were appropriately stored with regular checks made on refrigerator temperature readings. The practice had developed themed emergency medical packs to deal with such events as heart attack, epileptic or asthma attack. All the staff we spoke with knew where these medicines were kept. 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. The practice had looked at systems for dealing with medication requests from the residential homes aligned with the practice and had provided a dedicated member of staff to deal with prescription requests for this group of patients. The practice were addressing their higher than average antibiotic prescribing rates by providing patient information leaflets explaining treatment options other than antibiotics for some less serious illnesses, and by changing their telephone triage procedures. The practice told us these changes had succeeded in reducing the numbers of antibiotics being prescribed. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow 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.

- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice recruitment policy detailed the necessary processes to be followed prior to recruitment of staff. However they did not follow their recruitment policy in all cases. We found one member of staff had been employed without undergoing a formal recruitment process.

- Arrangements were in place for planning and monitoring the number of staff and range of skills needed to meet patients' needs. A rota system was in place for all the different staff groups to ensure enough staff were on duty each day
- There were procedures in place for monitoring and managing risks to patient and staff safety. A health and safety policy was available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella.

### **Arrangements to deal with emergencies and major incidents**

The practice had 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 behind a key coded door accessible by the practice staff.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. An accident book and first aid kit were also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- 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 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 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 95 % of the total number of points available, with 6.7% exception reporting. Exception reporting rates allows for patients who do not attend for reviews or where certain medications cannot be prescribed due to a side effect to be excluded from the figures collected for QOF. Data from 2014/15 showed:

- The percentage of patients with diabetes who had a blood pressure reading of 150/90mmHg within the last 12 months was 91% which was the same as CCG and national averages
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was higher than the CCG and national average.
- The percentage of patients with schizophrenia and other psychoses with a comprehensive care plan in place was 86% compared with a CCG average of 81% and a national average of 77%
- The percentage of patients diagnosed with dementia who had received a face to face review in the preceding 12 months was 84% which was higher than the CCG average of 77% and the national average of 76%

This practice had prescribing costs for antibiotic prescribing which were higher than the national average. In

addition the percentage of patients aged 65 years and older who had received a seasonal flu vaccination in 2013/14 was 62% in comparison with the national average of 73%.

The practice were addressing their antibiotic prescribing patterns by issuing patients with information detailing other means of treatment for some non urgent conditions and changing the way they approached their triage consultations. The practice told us that these measures were proving to be effective in decreasing the number of antibiotic prescriptions issued. They were also looking at ways to increase their uptake of flu vaccination uptake in patients over 65 years. They had provided dedicated flu clinics and utilised the district nursing team to undertake flu vaccinations on housebound patients.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last two years, one of which was a completed audit cycle where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, following a recent leg ulcer audit it was identified that a number of patients attending the practice for dressings would benefit from a referral into a specialist assessment with the CCG leg ulcer service to be sure that any necessary pre- assessments were carried out and that dressings chosen were the most appropriate and safest dressing of choice.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as 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, administering vaccinations and taking samples for the cervical screening programme.

# Are services effective?

## (for example, treatment is effective)

- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. At the time of our visit dates had been set for December for staff appraisals to be carried out.
- 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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multidisciplinary team meetings took place on a weekly 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. Where a patient's mental capacity to provide consent was unclear the GP or nurse assessed this, and where appropriate recorded the outcome of the assessment
- 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. This is used in medical law to decide whether a child is able to consent to his or her own treatment without the need for parental permission or knowledge

- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking cessation, alcohol intake and weight management. The practice had recently set up their own in house weight reduction programme and smoking cessation service carried out by the health care assistants. At the time of our visit we were not able to see evidence of improved outcomes as the services were still in their early stages of development. Patients requiring support for drug and alcohol issues were referred to the local CCG led service.
- A Singing Group had been established to help patients deal with the symptoms of anxiety and stress or the perception of social isolation. This 12 week programme was able to demonstrate good patient evaluation feedback, with most participants describing improved perception of quality of life after their completion of the course
- The partners provided an annual 'open door' session to patients where they had access to health promotion information and advice relating to healthy lifestyle choices and advice relating to exercise

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 95%, which was slightly lower than the CCG average of 97.5% and the national average of 97.6%. 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.

## Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable or slightly higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.1% to 99.3% and five year olds from 91.2% to 97.8%. Flu vaccination rates for the over 65 year age group were 62%, which was lower than the national average of 73% and at risk groups 48% which was slightly lower than the national average of 52%.

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 years. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 50 patient CQC 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 also spoke with five patients on the day of our inspection, three of whom were members of the PPG. 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.

Results from the national GP patient survey published on 2 July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG and national average of 89%
- 91% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%
- 93% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 88%

- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%
- 91% said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%

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

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed 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:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86 %
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 81%

Only a small number of patients did not have English as a first language but staff told us face to face interpreters would be booked for those patients having difficulty communicating. Telephone interpreting services were also available.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice participated in the Calderdale Carers' Project which enabled carers to register with their service which provided information about additional support available to them locally. It could also provide temporary support for 24 – 48 hours to the person for whom the carer was responsible should the carer

## Are services caring?

experience an emergency which required them to be away from their caring responsibilities for a short space of time. This organisation also produced a regular newsletter giving information about local social events available to carers.

Staff told us that if families had suffered bereavement, the practice would contact them and offer to provide information about local support services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended hours on Monday and Thursday between 6.30am and 8pm.
- Longer appointments were available for those who needed them.
- Telephone consultations were offered when appropriate.
- Home visits were offered for patients who were unable to attend the practice.
- Urgent appointments were available for those patients requiring urgent assessment or care.
- The practice made good use of the space limitations of the practice for patients with mobility problems by providing a wheelchair which could be used to access consultation and examination rooms and disabled toilets.

### Access to the service

The practice was open from 8.30am to 6pm Tuesday, Wednesday and Friday and had extended hours on Monday and Thursday from 6.30am to 8pm. Pre-bookable appointments could be made up to four weeks in advance and urgent same day appointments were available. These could be made in person at the practice, over the telephone or online via the practice website.

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages. This did not align with the views of patients we spoke with on the day of our inspection. People told us on the day that they were able to get appointments when they needed them, were satisfied with access to the surgery by telephone, and did not feel they waited too long to be seen.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%

- 50% patients said they could get through easily to the surgery by phone compared to the CCG and national average of 74%
- 62% patients described their experience of making an appointment as good compared to the CCG and national average of 73%
- 56% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70% and national average of 65%

The practice had acknowledged these points and had changed the telephone access system by utilising a local dialling code number and by streamlining the number and timing of routine calls to the practice so that test results could only be requested over the phone at non-peak times, and repeat prescriptions could no longer be requested over the phone. The practice were hopeful these measures would improve patient satisfaction with telephone access to the service and planned to review this by means of further patient satisfaction surveys.

In addition they were continually reviewing their opening times and were consulting closely with their PPG in this respect. They had re-organised GP appointment times so that appointments were available in the middle of the day. A duty doctor was available every day to provide telephone consultations and triage.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. There was a designated responsible person who handled all complaints in the practice. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Information about how to make a complaint was available in the waiting room. The practice leaflet directed patients to Patient Advice and Liaison Service (PALS) but did not refer directly to how to make a complaint.

The practice did not keep a record of verbal complaints if they were resolved satisfactorily but did maintain a log of written formal complaints. We saw there had been nine complaints within the last year. We saw that they had been satisfactorily dealt with, that actions had been identified and we were told that any learning was disseminated to the appropriate staff.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. All staff we spoke with had a clear view of practice values which were to be industrious, consistent and caring towards patient care. Staff spoke enthusiastically about working at the practice and they told us they felt part of a friendly and supportive team.

### 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 staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit was in place which is used to monitor quality and to make improvements
- They proactively gained patient feedback and engaged patients in the delivery of the service, acting on concerns raised by patients or staff
- The GPs were all supported to address their professional development needs for revalidation and all staff had their learning needs identified despite not all having an up to date appraisal at the time of our visit

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

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

safety incidents. Where unexpected or unintended safety incidents occurred the practice gave affected patients a clear explanation, including an apology and outlining lessons learned as a result of the incident.

Staff told us regular team meetings took place. Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a television providing health promotion information had been fitted in the waiting area for patient information to be displayed whilst patients were waiting to be seen for their appointment. Additionally a clearly defined zone had been marked in the area around the reception desk to ensure that people waiting to approach the desk were positioned at a distance from the desk to help maintain patient confidentiality whilst people were speaking with staff at the desk.
- The practice had also gathered feedback from staff through a system of regular staff meetings. 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. For example the practice had established a Singing Group developed to help alleviate symptoms of anxiety and depression and

## Are services well-led?

Good 

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

reduce social isolation. In addition the partners held an open door session once a year to provide patients with health promotion advice on healthy lifestyle choices and exercise.