

# Earlsheaton Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Earlsheaton Medical Centre on 15 June 2016. Overall the practice is rated as good.

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 been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they did not always find it easy to make an appointment with a named GP. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice worked with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice was able to offer 24 hour blood pressure monitoring for patients with hypertension.
- 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.

# Summary of findings

## **The areas where the provider should make improvement are:**

- Establish a programme of auditing and monitoring to check that key policies and infection prevention and control (IPC) practices are being implemented appropriately.
- Carry out Control of Substances Hazardous to Health (COSHH) risk assessments.
- Label clinical waste bags in line with current legislation and guidance.

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.
- There was an effective system to receive and disseminate patient safety alerts to the relevant staff.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice maintained appropriate standards of cleanliness and hygiene. A practice nurse had recently been identified as the infection prevention and control (IPC) clinical lead. They had recently received additional training to prepare them for this role. We observed that some clinical rooms were cluttered. Staff told us there were plans for the IPC lead to re-audit the premises in 2016 and to renovate the premises in the near future.
- Clinical waste was segregated and stored appropriately. However, bags were not labelled to identify the source of the waste.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- 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. The partners held regular meetings with the CCG pharmacist to review prescribing.
- Risks to patients were assessed and well managed. The practice did not have control of substances hazardous to health (COSHH) risk assessments although we saw some COSHH safety sheets were displayed in the cleaner's cupboard. The practice manager gave assurance that COSHH risk assessments would be reviewed.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plans included buddying arrangements with another local GP practice and emergency contact numbers for staff.

# Summary of findings

## Are services effective?

Good



The practice is rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For example, 95% of patients newly diagnosed with diabetes, in the preceding 12 months had a record of being referred to a structured education programme within nine months after entry on to the diabetes register (CCG and national average 90%).
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits and participation in research demonstrated quality improvement. For example, the practice participated in a local university led clinical research project to reduce non-steroidal anti-inflammatory drugs (NSAID) prescribing. NSAIDs are medications widely used to relieve pain, reduce inflammation, and bring down a high temperature. These medicines can have a number of side effects, and patients who take them regularly need to be closely monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. For example, patients at high risk of hospital admission who were not under the care of a community matron were referred to a CCG employed Care Co-ordinator who liaised with NHS and social care services to ensure patients were supported.
- The GP partners held regular clinical meetings where clinical outcomes and significant events were discussed. Nursing staff told us that they did not attend these meetings. We suggested that these meetings would benefit from nursing involvement.
- Staff used E-Consultations where available with specialists in diabetes, cardiology, haematology, palliative care, pain management and urology to discuss cases and carry out shared care planning.
- The practice offered arthritis care clinics with an arthritis champion. Data showed that 97% of patients with rheumatoid arthritis, had a face-to-face annual review in the preceding 12 months (CCG average 90%, national average 91%).
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening although uptake rates were lower than CCG and national

# Summary of findings

averages. The practice sought to improve uptake by instigating a reminder service to encourage attendance and notices on the patient record to prompt clinicians to remind patients of the importance of screening. Notes were placed on patient records if they failed to return their bowel cancer screening test.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- The practice was below average for the majority of its satisfaction scores on consultations with GPs and nurses. The views of patients that we spoke to and the comment cards did not align with these results.
- Staff were able to communicate in several languages including Gujarati, Urdu, Punjabi, Pashto, Spanish, Portugese and Hindi.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Carers were offered annual flu vaccinations. Carers' health assessments were offered to carers of patients with long term conditions.
- The practice had recently identified a carers' champion after attending a CCG learning event where a local carer support organisation attended to offer advice and encourage local practices to identify and support carers. Notices in the waiting room and a section on the new patient registration form encouraged patients to inform the practice if they were also a carer.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice provided services in line with the local care closer to home policy. For example, minor surgery, phlebotomy, ECGs and 24 hour blood pressure monitoring was provided for patients with hypertension.
- 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. For example, a GP

# Summary of findings

contributed to a child health programme on a digital TV channel in Pushto which is a locally spoken language. A GP presented a stay warm stay well programme on local Ramadan Radio.

- The practice offered extended hours clinics on a Monday evening until 8.30pm for working patients who could not attend during normal opening hours. Appointments could be pre-booked from 8am for working people. Extended hours appointments were offered on Mondays until 8.30pm. In the event of a bank holiday, extended hours were offered on Tuesday or Thursday.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. For example, the practice had increased the number of urgent appointments in response to patient feedback.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Meningococcal ACWY specific vaccinations were provided as appropriate for patients travelling for religious pilgrimage. The ACWY vaccine offers protection against the four groups of meningococcal bacteria.

## Are services well-led?

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

- The practice had a clear vision to deliver high quality patient centred care. Staff knew and understood the visions and values of the practice.
- The partners were working with the local CCG and CURO federation to improve access in the locality.
- The practice worked in collaboration with cluster practices and North Kirklees CCG. They ensured staff attended local CCG and practice cluster group meetings.

**Good**



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice employed an IT lead who developed practice specific protocols and notices on the patient record system to improve outcomes for patients. For example, to prompt reception staff and clinical staff to offer NHS health checks.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.



# Summary of findings

## The six population groups and what we found

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

### Older people

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

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 enhanced needs. Nursing staff reviewed housebound patients at least annually and other patients with urgent needs would be visited by the GP as needed.
- Clinicians visited local nursing homes regularly to provide acute and chronic management.
- Patients over the age of 65 were invited to attend for a seasonal flu vaccination. In 2013/14 75% of patients received their flu vaccination compared with the national average of 73%.
- The practice maintained an avoiding hospital admissions register. Post hospital discharge reviews were carried out for patients on the list.
- The practice offered arthritis care clinics with an arthritis champion. Data showed that 97% of patients with rheumatoid arthritis had a face-to-face annual review in the preceding 12 months (CCG average 90%, national average 91%).
- Atrial fibrillation screening was offered to all patients over the age of 50. Atrial fibrillation is a heart condition which causes an irregular and often abnormally fast heart rate.
- Abdominal aortic aneurysm screening was offered to male patients over the age of 65 years. An abdominal aortic aneurysm is a balloon-like swelling in the wall of the aorta within the abdomen which may rupture.
- Patients at high risk of hospital admission who were not under the care of a community matron were referred to a CCG employed Care Co-ordinator who liaised with NHS and social care services to ensure patients were supported.
- The practice offered Prostag injections for patients with prostate cancer. Prostag is a type of hormone therapy treatment for prostate cancer.

### People with long term conditions

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

Good



# Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 95% of patients newly diagnosed with diabetes, in the preceding 12 months had a record of being referred to a structured education programme within 9 months after entry on to the diabetes register (CCG and national average 90%).
- Longer appointments and home visits were available when needed.
- 24 hour blood pressure monitoring was provided for patients with hypertension.
- 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.
- Patients at high risk of hospital admission who were not under the care of a community matron were referred to a CCG employed Care Co-ordinator who worked with patients to help them manage their conditions. They also liaised with NHS and social care services to ensure patients were supported.
- The practice hosted a local authority employed Health Trainer. Staff could refer or encourage patients to self refer. Health Trainers provide an encouraging and supportive role to adults in Kirklees who have a long term health condition and who want to make positive changes to their lives to improve their health and wellbeing.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Prevalence data showed that 9% of the patient list had asthma (national average 6%). Performance for asthma related indicators was better than the national average. For example, 84% of patients with asthma had an asthma review in the preceding 12 months that included an assessment of asthma control (CCG average 79%, national average 75%).
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



# Summary of findings

- The practice's uptake for the cervical screening programme was 89%, which was better than the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered open access for children with long term and chronic conditions. Children aged under five were offered same day appointments.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- GPs and nurses carried out family planning and contraceptive services which included coil and contraceptive implant fitting. Nurses provided follow up contraception monitoring for all methods initiated by the GPs.
- The practice carried out ante natal, post natal and six week baby checks.
- The practice hosted a pregnancy termination service on a weekly basis.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were offered on Mondays until 8.30pm. In the event of a bank holiday, extended hours were offered on Tuesday or Thursday.
- The practice offered telephone consultations for patients who were unable to attend the surgery.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

**Good**



# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Clinical staff carried out alcohol brief intervention advice. They used AUDIT-C which is a recognised screening tool that can help identify persons who are hazardous drinkers or have active alcohol use disorders.

## 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).

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is lower than the national average of 84%.
- 86% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months (CCG and national average 88%).
- The practice referred patients taking benzodiazepines to the North Kirklees Clarity project which provides a structured programme to reduce the overall prescribing of these medicines. Benzodiazepines are used to treat anxiety and sleeping problems.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. Staff had received dementia friends training to understand the needs of dementia patients and their carers.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Good



# Summary of findings

## What people who use the service say

The most recent national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages. A total of 381 survey forms were distributed and 101 were returned, giving a response rate of 27% which was lower than the national average response rate of 38%. This represented less than 1% of the practice's patient list.

- 62% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 72% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

The practice had reviewed and discussed the results of the national GP survey. They were disappointed with the low response rate. Whilst they recognised the results highlighted valid concerns from patients they felt a larger response rate would have provided more balance. They placed messages on the practice website and displayed posters encouraging patients to respond to surveys.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards, the majority of which were positive about the standard of care received. Comments included that staff were friendly, helpful and respectful. Two patients commented that they were happy with the service and support offered by the practice to manage long term conditions, one patient commented that staff had been extremely helpful when they recently registered at the practice and one patient commented that the practice were helpful when they

registered foster children on a temporary basis. A comment card was submitted by a member of the local palliative care team, they told us their patients spoke highly of the practice and were happy with care. Two patients made negative comments about the service, one commented that they were frustrated that two appointments had been cancelled and one felt the GP hadn't addressed their health concerns.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two patients said they had completed a patient survey or suggested improvements using the suggestion box which was in the waiting room. One patient told us they were pleased with the support they had received to stop smoking and one patient who was a carer for other family members told us she found it easy to arrange home visits. All six patients said they found it easy to make appointments at the practice.

We reviewed the results of the NHS Friends and Family Test for the preceding 12 months. There were a total of 43 responses. Of these, 37 patients said they were extremely likely or likely to recommend the practice to a friend or a family member. Three patients said they were unlikely to recommend the practice.

The practice reviewed the results of the NHS Friends and Family Test and the national GP patient survey. They considered the comments made by patients and identified four areas for development: the availability of appointments at a preferred time, the attitude of receptionists, the time patients waited to be seen and the length of time it took to answer the phones. In response they changed the proportion of pre-bookable and emergency appointments, installed a new phone system which was regularly reviewed, reminded staff about their tone while speaking to patients, ensured all reception staff received customer service training and reminded staff to inform patients if clinicians were running late.

## Areas for improvement

# Summary of findings

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

The areas where the provider should make improvement are:

- Establish a programme of auditing and monitoring to check that key policies and infection prevention and control (IPC) practices are being implemented appropriately.
- Carry out Control of Substances Hazardous to Health (COSHH) risk assessments.
- Label clinical waste bags in line with current legislation and guidance.

# Earlsheaton 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, a practice nurse specialist adviser and an Expert by Experience.

## Background to Earlsheaton Medical Centre

Earlsheaton Medical Centre is the branch practice of Mount Pleasant Medical Centre in Batley. They provide primary care medical services to 14,544 patients under a personal medical services (PMS) contract in Batley and Earlsheaton. The branch surgery is registered with the CQC as a separate location. Patients can be seen at either surgery.

- The practice is located in a two storey property which was purpose built in 1997, next to a pharmacy and close to local shops and schools. All patient services are delivered at ground floor level.
- The practice has a younger than average population. Fifty eight per cent of patients are aged between 0 and 18 compared to the national average of 38%. Sixty eight per cent of patients are from black, minority, ethnic populations. Unemployment is higher at 8% (national average 5%) and 6% of patients receive Disability Living Allowance.
- There are four GP partners, three salaried GPs and a locum GP who works on a regular basis. There are two advanced nurse practitioners, one male and one female; three female practice nurses; a female health care assistant and female apprentice health care assistant; two female phlebotomists, a practice manager and a team of administrative staff.

- The practice is open between 8am and 6.30pm Monday, Tuesday, Thursday and Friday. On Wednesday the practice is open between 8am and 2.30pm, between 2.30pm and 6.30pm telephone calls are transferred to the main surgery in Batley. Extended hours appointments are offered on Mondays until 8.30pm. In the event of a bank holiday, extended hours are offered on Tuesday or Thursday. Appointments can be pre-booked from 8am for working people.
- When the surgery is closed, telephone calls are transferred to Local Care Direct which is the out of hours service provider.
- The practice is a member of North Kirklees CCG, the Batley and Birstall Cluster group of GP practices and Curo Health which is a federation of local GP practices.
- Earlsheaton Medical Centre is not a training practice. However, the advanced nurse practitioner is a mentor for nursing students from the local university.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 June 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses and administrative staff and spoke with patients who used the service.
- Observed how staff interacted with patients and carers in the reception and waiting areas.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 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 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice improved the information provided on the laboratory sheets for tests and samples in response to an incorrectly completed request form. There was an effective system to receive and disseminate patient safety alerts to the relevant staff. The practice could demonstrate that action was taken to assess the risks to patients. For example, a recent alert was received relating to diabetic meters. We saw evidence that a search was carried out to identify patients affected by the alert and a letter was sent to the one patient affected to advise them to contact the practice.

### 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. These arrangements reflected relevant legislation and local requirements. Policies and local reporting procedures were accessible to all staff and we saw evidence that these had recently

been followed. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were three lead members 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and had received training to recognise and support victims of domestic violence. Advanced nurse practitioners and practice nurses were trained to level two.

- Notices in consulting rooms and the waiting room 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 (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. A practice nurse had recently been identified as the infection prevention and control (IPC) clinical lead. They had recently received additional training to prepare them and the practice were keen to support them in this role. The practice were looking into improvements that the IPC lead had suggested. For example, improved secondary fridge temperature monitoring devices. There was an IPC protocol in place and staff had received up to date training. IPC audits were undertaken. The most recent one was carried out in 2014 and the practice achieved a score of 81% and we saw evidence that action was taken to address any improvements identified as a result. We observed that some clinical rooms were cluttered and had lots of posters and information displayed in treatment rooms which would make cleaning difficult. Staff told us there were plans for the IPC lead to re-audit the premises in 2016 and to renovate the premises.
- Clinical waste was segregated and stored appropriately. However the practice were not labelling clinical waste bags to identify the source. The practice gave assurance that all waste bags would be labelled in the future.

## Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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 partners held regular meetings with the CCG pharmacist to review prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Staff reviewed the prescriptions that were awaiting collection by patients on a monthly basis. They destroyed any that hadn't been collected and recorded this in the patients' clinical record. The advanced nurse practitioners had qualified as an Independent Prescriber and could therefore 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. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed two personnel files and found 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.
- Staff carried out and recorded the results of daily temperature monitoring of the vaccine fridge. Practice staff were responsible for the daily temperature monitoring of a vaccine fridge owned by the provider of the pregnancy termination service. Staff were using a different method of recording to their own fridges. We suggested to avoid confusion that the staff should follow one method for the recording of all fridge temperatures.

### 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 safety procedures and risk assessments. Staff had received fire safety training and carried out weekly tests of the fire alarm system and regular fire drills. The fire alarm systems and practice procedures were followed appropriately in response to a kitchen appliance fire. 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 infection control. Legionella risk assessments were carried out on the 13 June and the practice were waiting to receive the reports from the contractor. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice did not have control of substances hazardous to health (COSHH) risk assessments although we saw some COSHH safety sheets were displayed in the cleaner's cupboard. The practice manager gave assurance that COSHH risk assessments would be reviewed.

- 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 enough staff were on duty.

### 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 reception office.
- 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 stored securely.

## Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure

or building damage. The plans included buddying arrangements with another local GP practice and emergency contact numbers for staff. Key staff members kept copies of the plans at home.

# 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, the clinical team discussed NICE guidance for Psoriatic arthropathy and an audit was carried out. Psoriatic arthritis is an inflammatory arthritis affecting the joints and connective tissue and is associated with psoriasis of the skin or nails. The practice exceeded the target to screen 20% of patients with psoriasis. Fifty one per cent of patients were screened. As a result four patients were referred to secondary care and two patients were diagnosed with psoriatic arthritis.
- The practice considered the impact of fasting and decreased water intake during Ramadan. We saw examples of letters sent to patients taking certain medicines advising them to stop taking their medication if they were fasting during Ramadan due to side effects as a result of reduced water intake.

### 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 5% exception reporting which was lower than the CCG and national rates of 9%. 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. The IT Manager ensured that patient records defaulted to the home page where QOF related notifications were used to opportunistically review patients and offer screening as appropriate.

Data from 2014/15 showed:

- Prevalence data showed that 8% of the patient list had diabetes (national average 5%). Performance for diabetes related indicators was better than the national average. 95% of patients newly diagnosed with diabetes, in the preceding 12 months had a record of being referred to a structured education programme within nine months after entry on to the diabetes register (CCG and national average 90%). Exception rates were 23% compared with the CCG average of 39% and the national average of 27%.
- Performance for mental health related indicators was similar to the national average. For example, 86% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months (CCG and national average 88%). Exception rates were significantly lower at 3% compared with the CCG average of 11% and the national average of 13%.
- The practice offered arthritis care clinics with an arthritis champion. Data showed that 97% of patients with rheumatoid arthritis, had a face-to-face annual review in the preceding 12 months (CCG average 90%, national average 91%).
- The practice recognised that the prevalence rate for atrial fibrillation (AF) was less than 1% which was lower than average given the practice population (national prevalence 2%). They sought to improve the diagnosis of patients who were not showing symptoms. The IT manager introduced a new prompt that prompted the recording of a pulse rhythm and rate in all patients over 50 who had not had a recording in the previous 12 months. Data showed this resulted in an overall increase in the practice AF register from 57 in 2012 to 85 patients in 2016. Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate.

Prevalence data showed that 9% of the patient list had asthma (national average 6%). Performance for asthma related indicators was better than the national average. For example, 84% of patients with asthma had an asthma review in the preceding 12 months that included an

# Are services effective?

## (for example, treatment is effective)

assessment of asthma control (CCG average 79%, national average 75%). Exception reporting was significantly lower than CCG and national averages, 1% compared with 8%. Asthma patients who requested more than the recommended number of inhalers during the year were invited for a medication review and all asthma patients were offered flu vaccines annually and pneumonia vaccines where appropriate. Staff told us that patients frequently attended with asthma related breathing difficulties. Reception staff had arranged chairs for the patient and any accompanying adults in a quiet area of the practice and staff had received training to administer medication using a nebuliser.

There was evidence of quality improvement including clinical audit.

- 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 and peer review.
- Findings were used by the practice to improve services. For example, a GP carried out an audit to improve the early diagnosis of cancer in response to analysis of the practice cancer data and discussions with the Yorkshire Cancer Network GP lead. The audit demonstrated an increase in early cancer diagnosis from 23 cases in 2012 to 33 cases in 2013. The GP decided to carry out a third cycle of the audit in 2014 which showed a further rise to 37 cases. The practice reviewed the routes into diagnosis and found that in 2015, 64% of cases were referred using the two week fast track service. The audit also highlighted that patient uptake rates for screening programmes were lower than local and national averages. In response the practice instigated a reminder service to encourage attendance and notices on the patient record to prompt clinicians to remind patients of the importance of attending for screening and returning bowel cancer test kits. There were plans to review uptake rates again in 2016.
- The practice participated in a local university led clinical research project to reduce non-steroidal anti-inflammatory drugs (NSAID) prescribing. NSAIDs are medications widely used to relieve pain, reduce inflammation, and bring down a high temperature.

These medicines can have a number of side effects so patients who take these medicines regularly need to be closely monitored. The practice carried out an audit to identify which patients might benefit from a review. Data showed that at the end of the project in April 2016, 826 out of 861 patients reviewed were in line with evidence based targets which was a 4% improvement on the previous year.

- QOF meetings were held regularly to review performance and identify opportunities to improve outcomes for patients and increase the uptake of screening.

### 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. This 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines 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 and local cluster group 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Not all staff had received an appraisal within the last 12 months but the practice manager had scheduled appraisals for all staff.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

# Are services effective?

## (for example, treatment is effective)

- The practice attended protected learning time (PLT) events arranged by the local CCG and organised PLT sessions in the practice. They invited external speakers to practice PLT sessions and used a diary to schedule and arrange these effectively. A diabetes specialist attended the PLT session in May 2016. Updated guidance was discussed which was made available to all clinicians. Letters were sent to patients taking certain diabetic medicines to review their medication as a result of this training. A respiratory specialist was booked to attend the next practice PLT session.

### 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff used E-Consultations where available with specialists in diabetes, cardiology, haematology, palliative care, pain management and urology to discuss cases and carry out shared care planning.
- The GPs participated in case based discussions and reviews of referrals, deaths, cancer diagnosis and emergency admissions.
- The practice carried out shared care and close monitoring of patients taking disease-modifying anti-rheumatic drugs (DMARDs). DMARDs are a group of medicines commonly used in patients with rheumatoid arthritis. Since these medicines can have side effects affecting the blood, liver or kidneys patients taking these medicines need to have regular blood monitoring checks.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. For example, patients at high risk of hospital admission who were not under the care of a community matron were referred to a CCG employed Care Co-ordinator who liaised with NHS and social care services to ensure patients were supported.

Meetings took place with other health care professionals including community matrons, district nurses, palliative care team and the care co-ordinator on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Two of the GPs had received training in palliative care, Gold Standard Framework and one of the GP partners was a palliative care associate at the local hospice.

The GP partners held regular clinical meetings where clinical outcomes and significant events were discussed. Nursing staff told us that they did not attend these meetings. We recommended that these meetings would benefit from nursing involvement. The GP partners agreed and gave assurance that they would review the meeting structure to ensure nursing staff were included.

### 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. The practice manager had sourced Mental Capacity Act prompt cards for staff.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. This included when patients aged 11 to 16 requested online access and whether young people were happy for test results to be given to their parent or guardian.
- 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 through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.



# Are services effective?

## (for example, treatment is effective)

Patients were signposted to the relevant service. The practice worked closely with local drug and alcohol services to ensure patients received appropriate support.

- 24 hour blood pressure monitoring was provided for patients with hypertension. Data showed that in the preceding 12 months the last blood pressure reading was within safe parameters for 84% of patients with hypertension (CCG average 85%, national average 84%).
- Performance for smoking related indicators was better than CCG and national averages. For example, 90% of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months (CCG and national average 87%). The practice hosted a local smoking cessation service who attended weekly. Information was available in the waiting room to signpost patients to local support groups. One patient told us they were pleased with the support they had received to stop smoking.
- Clinical staff carried out alcohol brief intervention advice. They used AUDIT-C which is a recognised screening tool that can help identify persons who are hazardous drinkers or have active alcohol use disorders.
- The practice referred patients taking benzodiazepines to the North Kirklees Clarity project which provides a structured programme to reduce the overall prescribing of these medicines. Benzodiazepines are used to treat both anxiety and sleeping problems.
- The practice hosted a local authority employed Health Trainer. Staff could refer or encourage patients to self refer. Health Trainers provide an encouraging and supportive role to adults in Kirklees who have a long term health condition and who want to make positive changes to their lives to improve their health and wellbeing.
- The practice made referrals to the 'Practice Activity and Leisure Scheme' for eligible patients, which enabled them to attend local gyms and undertake an individualised activity and fitness plan to help them improve their health.

The practice's uptake for the cervical screening programme was 89%, which was better than the CCG 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 demonstrated how they

encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening although uptake rates were lower than CCG and national averages. For example, 32% of patients aged 60-69, were screened for bowel cancer in preceding 30 months compared to the CCG average of 55% and the national average of 58%. In response, the practice instigated a reminder service to encourage attendance and notices on the patient record to prompt clinicians to remind patients of the importance of screening. Notes were placed on patient records if they failed to return their bowel cancer screening test. There were plans to review uptake rates in 2016. Abdominal aortic aneurysm screening was offered to male patients over the age of 65 years. An abdominal aortic aneurysm is a balloon-like swelling in the wall of the aorta within the abdomen which may rupture.

Childhood immunisations were the responsibility of local community provider, Locala. 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 95% to 97% and five year olds from 93% to 98%.

Patients over the age of 65 were invited to attend for a seasonal flu vaccination. In 2013/14 75% of patients received their flu vaccination compared with the national average of 73%. The practice offered all patients in defined risk groups the seasonal influenza vaccine from September to January annually. Data from 2013/14 showed that 49% of patients at risk had received a seasonal flu vaccination (national average 53%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients 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

### Kindness, dignity, respect and compassion

We observed members of staff were friendly, courteous and very helpful to patients and treated them with dignity and respect. We noted that many patients were known to reception staff.

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 knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were polite, helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (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 patients needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was below average for the majority of its satisfaction scores on consultations with GPs and nurses.

For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 72% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 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. 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. We saw letters and cards of thanks from patients and family members for the care shown by staff at the practice.

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 below local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice had discussed the results of the national GP survey and the results of the NHS Friends and Family Test. Whilst they recognised the results highlighted valid concerns from patients they felt a larger response rate would have provided more balance. The views of patients that we spoke to and the comment cards did not align with these results. They considered the comments made by patients and identified four areas for development: the availability of appointments at a preferred time, the attitude of receptionists, the time patients waited to be



## Are services caring?

seen and the length of time it took to answer the phones. In response they changed the proportion of pre-bookable and emergency appointments, installed a new phone system which was regularly reviewed, reminded staff about their tone while speaking to patients, ensured all reception staff received customer service training and reminded staff to inform patients if clinicians were running late.

The practice provided facilities to help patients be involved in decisions about their care:

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

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 105 patients as carers (less than 1% of the practice list). Carers were offered annual flu vaccinations and carers assessments were

offered to carers of patients with long term conditions and/or learning disabilities. The practice had recently identified a carers' champion after attending a CCG learning event where a local carer support organisation attended to offer advice and encourage local practices to identify and support carers. Notices in the waiting room and a section on the new patient registration form encouraged patients to inform the practice if they were also a carer. Written information was available to direct carers to the various avenues of support available to them. One patient who was a carer for family members told us they they had been signposted to and offered support by the practice.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice had a close working relationship with a community burial service which enabled the practice to issue death certification promptly including weekends to allow burial to take place as soon as possible in line with religious beliefs. We saw cards and bereavement announcement notices thanking the practice for their support.

# Are services responsive to people's needs?

(for example, to feedback?)

## 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. The practice provided services in line with the local care closer to home policy. For example, minor surgery, phlebotomy, ECGs and 24 hour blood pressure monitoring was provided for patients with hypertension.

- The practice offered extended hours clinics on a Monday evening until 8.30pm for working patients who could not attend during normal opening hours. Appointments could be pre-booked from 8am for working people.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. Meningococcal ACWY specific vaccinations were provided as appropriate for patients travelling for religious pilgrimage. The ACWY vaccine offers protection against the four groups of meningococcal bacteria.
- The practice offered Prostate injections for patients with prostate cancer.
- There were disabled facilities, a hearing loop and translation services available.
- The GPs participated in activities to improve the health of the local community. For example, a GP contributed to a child health programme on a digital TV channel in Pushto which is a locally spoken language. A GP presented a 'stay warm stay well' programme on local Ramadan Radio.
- The practice hosted a pregnancy termination service on a weekly basis.

### Access to the service

The practice was open between 8am and 6.30pm Monday, Tuesday, Thursday and Friday. On Wednesday the practice was open between 8am and 2.30pm. Between 2.30pm and

6.30pm telephone calls were transferred to the Main surgery in Batley. Extended hours appointments were offered on Mondays until 8.30pm. In the event of a bank holiday, extended hours were offered on Tuesday or Thursday. Appointments could be pre-booked from 8am for working people.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments and telephone consultations were also available for people that needed them. The practice had increased the number of urgent appointments in response to patient feedback.

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

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 62% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice recognised that there were problems with the telephone system. Changes had been made to the telephone system to improve access for patients. Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day. People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients were requested to telephone before 10.30am if they required a home visit. Requests were passed to a GP or advanced nurse practitioner who telephoned the patient to discuss their concerns. Home visits were scheduled after morning surgery. All housebound patients were visited annually for a review. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. One patient told us that they

# Are services responsive to people's needs?

(for example, to feedback?)

found it easy to arrange home visits. They gave an example where an urgent home visit was recently requested and the patient's usual GP arranged to visit to provide continuity of care, despite a different doctor being on call.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at eight complaints received in the last 12 months and found these were satisfactorily handled, dealt

with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice offered more on-the-day appointments in response to a complaints about the availability of same day appointments. GPs attended a consultation skills course in response to two complaints about consultations with GPs. The practice had recorded a number of occasions where staff experienced aggression and verbal abuse from patients or their family members. We saw evidence that the practice carefully considered these on an individual basis and worked with NHS England to ensure that the appropriate action was taken that did not disadvantage the continuity of patient care.

# 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 patient centred care. Staff knew and understood the visions and values of the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The partners identified opportunities to engage the population & community leaders. They took part in community programmes and discussed local needs with the local Indian, Muslim welfare society health committee.
- The partners were working with the local CCG and CURO which is a federation of GP practices in North Kirklees to improve access in the locality.

### 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.
- Up to date practice specific policies were implemented, regularly reviewed and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous improvement including clinical and internal audit was used to monitor quality and to make improvements.
- The practice worked in collaboration with cluster practices and North Kirklees CCG. They ensured staff attended local CCG and practice cluster group meetings.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice employed an IT lead who developed practice specific protocols and notices on the patient record system to improve outcomes for patients. For example, to prompt reception staff and clinical staff to offer NHS health checks.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice 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 team meetings and protected learning time sessions.
- 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and

# Are services well-led?

Good 

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

through surveys and complaints received. There was a virtual PPG who communicated by email. Members had been unable to attend meetings but the practice hoped to establish regular meetings in the future.

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

There was a 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 provided services in line with the local care closer to home policy. For example, minor surgery, phlebotomy, ECGs and 24 hour blood pressure monitoring was provided for patients with hypertension. Staff reviewed outcomes for patients and implemented protocols to improve patient care.

## Continuous improvement