

# Longroyde Surgery

## 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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12
Outstanding practice	12

### Detailed findings from this inspection

Our inspection team	13
Background to Longroyde Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Longroyde Surgery on 28 June 2016. Overall the practice is rated as good.

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

- The practice had an open and transparent approach to safety. There was an effective system in place for reporting, recording and reviewing significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients consistently said they were treated with compassion, dignity and respect and they were treated as partners in planning their care and making decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to access the surgery by telephone. They found it easy to make an appointment with a named GP. This meant there was continuity of care. Urgent appointments were available the same day. Routine appointments could be booked up to 12 weeks in advance
- The practice had some limitations with regards to space. However they made good use of the facilities available to them. They were equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

- The practice was proactive in identifying carers on their practice list. At the time of our visit 4% of their patients had been identified as unpaid carers. Calderdale Carers offered additional support and information to this group of patients

# Summary of findings

- Patient satisfaction survey results consistently rated the practice higher than local and national averages with respect to access to appointments and all aspects of care provided by the practice. On the day of our inspection we received overwhelmingly positive comments from patients who spoke with us in person, as well as those patients who had completed comment cards prior to our visit.
- The practice had systems in place which enabled them to achieve 100% attendance for 6-8 week medical checks for new babies.

**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, recording and reviewing significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



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

### Are services caring?

The practice is rated as good for providing caring services.

Good



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

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff gave examples of when they had 'gone the extra mile' to help patients, for example by dropping off urgent prescriptions to people who were very ill or housebound.

## 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 Calderdale Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had participated in a CCG initiative to improve identification and treatment of patients with atrial fibrillation. The practice showed us that 93% of patients with atrial fibrillation were on the correct anticoagulant medication as a result of this work. Atrial fibrillation is a heart condition which causes an irregular and often abnormally fast heart rate. The practice had engaged with a local pulmonary rehabilitation programme and showed us evidence that referrals into this service had increased by over 100% from 42 to 107 patients during the 12 month pilot period.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. In the most recent national GP patient survey 98% of surveyed patients said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- The practice made good use of their facilities and was equipped to treat patients and meet their needs.
- 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.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to support and respond to the needs of its patients. Staff were clear about the vision and their responsibilities in relation to this.

# 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 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 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. There was an active patient reference group (PRG).
- Staff at all levels were encouraged to develop new skills and progress in their roles.

# 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.
- The practice had identified their 2% of patients at higher risk of unplanned admissions, and had developed comprehensive care plans to manage the needs of this group of patients.
- Before the inspection we sought feedback from two nursing homes that had residents registered at the practice. They both told us they received a high standard of responsive, caring and efficient care from the practice

### People with long term conditions

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

Good



- 93% of patients on the diabetes register had a recorded foot examination completed within the preceding 12 months which was higher than the local average of 89% and the national average of 88%.
- Patients were offered annual reviews of their long term condition. They received a 20 minute appointment with the nurse. Patients with more than one long term condition had all their needs reviewed in one appointment.
- The practice made use of a care planning approach for a number of long term conditions, to encourage patient involvement in management of their condition.
- The GPs carried out regular polypharmacy reviews. (Polypharmacy is a term used for patients taking 10 or more medicines). Patients identified as requiring a face to face consultation were then invited to an appointment with their GP to discuss their medication needs.
- Patients could be referred to the 'Better Living Team' who helped with weight management and individualised exercise programmes.
- The practice was able to refer patients to a locally run pain management group to help patients living with chronic pain to manage their condition.

# Summary of findings

- The practice provided evidence to show that they had improved the management of patients with diabetes by utilising the skills of the local diabetes specialist nurse.
- The practice participated in a local pulmonary rehabilitation programme, and showed us evidence that the number of referrals to this programme had more than doubled during a 12 month pilot.

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency ( A&E ) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 88% of patients with asthma, on the register had received a review in the preceding 12 months which was higher than the local average of 76% and the national average of 75%.
- Staff told us that children and young people were treated in an age appropriate way.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Baby changing facilities were available. Mothers wishing to breastfeed their babies were offered a private room in which to do so.
- The practice ran a weekly baby clinic, attended by the health visitor and supported by a practice nurse and GP. Babies received a 6- 8 week medical and immunisation at this appointment, and maternal emotional well-being was reviewed by the health visitor. The practice provided evidence that they achieved 100% attendance for this appointment by telephoning parents on the day to remind them about their appointment.
- The practice liaised informally with the health visitor during her weekly ' drop in' baby clinic at the practice. Formal minuted meetings were held eight weekly with the link health visitor for the practice where children who had more complex needs were discussed. At the time of our visit five children were subject to a child in need plan and three were subject to a child protection plan. These are plans which formalise how social care, health and other professionals work together to protect children. We heard examples of how joint working with health visitors had been effective.



# Summary of findings

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

Good



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.
- 91% of eligible women had a recorded cervical smear completed within the preceding five years which was higher than the local average of 85% and the national average of 82%.
- Appointments could be booked up to 12 weeks in advance for routine appointments
- Appointments were available at the end of the afternoon session, up to 6.20pm for working age people who required an urgent appointment. The practice told us surgeries could be extended to accommodate all patients requiring on the day appointments.
- The practice provided us with data which indicated that most consultations were held face to face, with only 6% of consultations being a telephone contact.

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## People whose circumstances may make them vulnerable

Good



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 those with a learning disability.
- People with a learning disability were issued with a 'VIP' card. This provided details of preferred communication methods for the patient, and gave details of key persons involved in their support, such as their carers. The VIP card could be used when patients accessed services in hospital or other outpatient clinics. This group of patients were also issued with a 'Patient Health Plan' which provided personalised information relating to healthcare needs and preferences.
- The practice offered longer appointments for patients with a learning disability when required.
- Patients with a learning disability received an annual medical review which included a 20 minute appointment with the nurse

# Summary of findings

followed by a 20 minute appointment with the GP. All patients identified as having a learning disability were given a 'Patient Health Plan' which provided personalised details of current healthcare needs and preferences.

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients 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.
- The practice had identified 146 patients in the practice who were unpaid carers. This group of people was offered an annual seasonal flu vaccination, and could be signposted to local support groups, such as Calderdale Carers

## 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).

- 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the local and national average of 84%.
- 97% of patients with schizophrenia or other psychoses had received a comprehensive care plan in the preceding 12 months which was higher than the local average of 90% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice gave patients experiencing poor mental health information about how to access 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.
- The practice liaised closely with the nursing homes where they had patients registered, to manage the needs of those patients who were subject to deprivation of liberty safeguards (DOLS)

Good



# Summary of findings

(These are safeguards which can be applied for by a care home or hospital and which seek to restrict the movement of people to keep them safe from harm when they have been found to lack capacity).

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing above local and national averages. There were 290 survey forms distributed and 115 were returned. This represented 40% of the surveyed population and 3% of the practice's patient list.

- 98% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 98% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 96% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).
- 99% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all, without exception, extremely positive about the standard of care received. Several comments stated that they were always able to get appointments on the day they rang. Others described the standard of care provided by the practice as “excellent” “amazing” and “the best”.

We spoke with seven patients during the inspection. This included five members of the patient reference group (PRG). All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring. The most recent Friends and Family Test (FFT) results in May 2016 showed that 97% of surveyed patients were likely or extremely likely to recommend the practice to friends and family.

## Outstanding practice

- The practice was proactive in identifying carers on their practice list. At the time of our visit 4% of their patients had been identified as unpaid carers. Calderdale Carers offered additional support and information to this group of patients
- Patient satisfaction survey results consistently rated the practice higher than local and national averages with respect to access to appointments and all

aspects of care provided by the practice. On the day of our inspection we received overwhelmingly positive comments from all the patients who spoke with us in person, as well as from those patients who had completed comment cards before our visit.

- The practice had systems in place which enabled them to achieve 100% attendance for 6-8 week medical checks for new babies.

# Longroyde Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Longroyde Surgery

Longroyde Surgery is situated in Brighouse, Calderdale HD6 3HT. It is housed in a purpose built single storey building. Car parking is available on site. There are currently 3990 patients on the practice list. The majority of patients are of white British ethnicity, with a small percentage of other white, black Afro-Caribbean and South Asian ethnicities. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England. They offer a range of enhanced services such as childhood immunisations, contraception services and cryotherapy. Cryotherapy is a process whereby skin lesions are removed by use of extremely cold temperatures.

The practice has three GP partners, two of whom are female and one male. One of the GP partners is the Chair of the local CCG. The clinical team is completed by two practice nurses, both of whom are female. The clinical team is supported by a practice manager, and a range of administrative and reception staff.

The practice catchment area is classed as being within one of the less deprived areas of England. The practice profile shows a slightly higher than average number of patients in the 40 to 54 year age group. The average life expectancy of patients in the practice is 78 years for men and 82 years for women (CCG average 77 and 82 respectively and national average 79 and 83 respectively).

The practice is open between 8.30 am and 6.30pm Monday to Friday.

Regular clinics are held which include monthly diabetes, podiatry and epilepsy clinics.

Out of hours care is provided by Local Care Direct which is accessed by calling the surgery telephone number, or by calling NHS 111 service.

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders such as NHS England and Calderdale Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided both before and during the inspection day. We also reviewed the latest data from the Quality and

# Detailed findings

Outcomes Framework (QOF), national GP patient survey and the NHS Friends and Family Test (FFT). In addition we contacted two local nursing homes that had patients registered at the practice.

We visited the practice on 28 June 2016. During our visit we:

- Spoke with a range of staff including two GPs, one practice nurse, the practice manager, one receptionist and the health visitor who worked with the practice.
- In addition we spoke with seven patients, including five members of the PRG.
- We observed communication and interaction between staff and patients, both face to face and on the telephone.
- We reviewed an anonymised sample of the personal care or treatment records of patients.
- We 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 which all staff were encouraged to fill in, with support from the practice manager.
- The practice carried out a thorough analysis of the significant events.

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 the male partner of a patient fleeing domestic violence had contacted the surgery for information relating to appointment details, all staff were reminded of the importance of patient confidentiality at all times. No information had been disclosed but lessons were learned as to the importance of all staff remaining vigilant at all times.

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

### Overview of safety systems and processes

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

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

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

- A notice in 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice 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 IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example carpets and soft furnishings in non-clinical areas had recently been cleaned.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were appropriate (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. All three GPs had been signed up as 'antibiotic guardians'. The practice provided evidence that antibiotic prescribing levels had been successfully reduced as a consequence of this initiative. Prescriptions were securely stored and there were systems in place to monitor their use. Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four 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.

## Are services safe?

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out annual fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The GPs had developed a 'buddy' system to ensure that all test results and other incoming correspondence was viewed and assessed on the day of receipt, and any necessary actions were carried out.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. All staff members had been provided with a 'pocket sized' laminated list of the personal and mobile numbers of GPs and the practice manager to enable them to make contact out of hours if the need arose. In addition the practice manager had developed a practice manager business continuity plan to enable staff to cover her role in the event of unplanned or unexpected absence.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### 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 94% of the total number of points available, with 9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was comparable to the CCG and national average. For example 80% of patients with diabetes, on the register had a cholesterol reading recorded which was within normal limits in the preceding 12 months compared to the CCG and national average of 81%.
- 82% of patients with hypertension were having regular blood pressure tests which was comparable to the CCG and national averages of 84%.
- Performance for mental health related indicators was comparable to the CCG and national averages. For example 97% of patients with schizophrenia or other psychoses had a recorded alcohol consumption completed within the preceding 12 months compared to the CCG average of 91% and national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years; two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included increasing the uptake of retinal (eye) screening for patients with diabetes.

Information about patients' outcomes was used to make improvements such as developing patient plans for patients with polycystic ovary syndrome (PCOS) to monitor their HbA level. (HbA levels increase as blood glucose levels increase). This initiative had resulted in one person to date, with PCOS, receiving a diagnosis of diabetes. Other improvements included standardising diagnosis and treatment protocols for sore throats.

### Effective staffing

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

- The practice had a comprehensive and structured induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions., Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to online or external training resources to cover the scope of their work and facilitate their professional development. Clinical supervision was provided informally on an ad hoc basis by any or all of the GPs. All GPs had completed

# Are services effective?

## (for example, treatment is effective)

an up to date revalidation process. Nurses were accessing support from each other and from other practice nurses in the area to support their revalidation requirements. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to a comprehensive online training resource and could be released from their duties during less busy times to enable them to keep up to date with required training. Staff also accessed the CCG led protected learning time events (PENPAL) on a two monthly basis.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. When patient consent had been given, the practice was able to share electronic patient records with other health professionals, such as district nurses, health visitors and podiatry services.
- People with a learning disability were issued with a 'VIP' card. This provided details of preferred communication methods for the patient, and gave details of key persons involved in their support, such as their carers. The VIP card could be used when patients accessed services in hospital or other outpatient clinics. This group of patients was issued with a 'Patient Health Plan' which provided personalised details of the individual's healthcare needs and preferences.

Staff worked together and with other health and social care services 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, including when they were referred, or after they were discharged from hospital. We saw minutes from meetings to evidence that multidisciplinary meetings took

place on a quarterly basis with district nurses, palliative care nurses and community matron; and on a two monthly basis with health visitors. Care plans were routinely reviewed and updated following these meetings.

### 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 liaised closely with the nursing homes where they had patients registered, to manage the needs of those patients who were subject to deprivation of liberty safeguards (DOLS) (These are safeguards which can be applied for by a care home or hospital and which seek to restrict the movement of people to keep them safe from harm when they have been found to lack capacity).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance such as Gillick competency. These are used in medical law to decide whether a child is able to consent to his or her own medical treatment without the need for parental knowledge or consent. Staff provided examples of when Gillick competency tests had been applied in treating young people.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored to ensure it met the practice's responsibility within legislation and followed national guidance.

### Supporting patients to live healthier lives

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

These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

- Smoking cessation services were available in house.

# Are services effective?

## (for example, treatment is effective)

- The 'Better Living' team was able to provide individualised weight management and exercise packages to support people to live healthier lives.
- Patients were also able to access a locally run pain management group which supported people to manage their pain relief medication safely and to optimum effect.
- The practice had participated in a local pulmonary rehabilitation scheme, and demonstrated that referrals to this service had more than doubled during the 12 month pilot period.
- The practice demonstrated how they had improved the management of patients with diabetes by utilising the expertise of the local diabetes specialist nurse.
- Calderdale Carers was able to offer additional support to carers, such as signposting to additional relevant local services.
- The citizen's advice bureau (CAB) ran a regular session at a nearby surgery. Patients were able to access additional support, for example with issues relating to benefits, or other financial, social or legal matters.

The practice's uptake for the cervical screening programme was 91%, which was higher than the CCG average of 85% and the 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 ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. We saw that 72% of eligible women had received a breast screening examination in the preceding three years, compared to the CCG average of 68% and the national average of 72%. In addition 64% of eligible patients been screened for bowel cancer in the previous 30 months, compared to the CCG average of 56% and the national average of 55%. The practice had developed a system of writing personally to patients to encourage them to attend for these screening tests, and provided evidence that this had resulted in an increase in uptake for bowel screening tests by 12%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds stood at 97% and five year stood at 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74. 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 courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The reception/waiting area of the building was small, and staff told us they made sure that any sensitive or very personal issues were discussed in a private room away from the public area to avoid such conversations being overheard.

Without exception all of the 32 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five members of the patient reference group. They also told us they were very satisfied with the care and treatment 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 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for most satisfaction scores on consultations with GPs and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 95% said the GP gave them enough time (CCG average 89%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 82% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 99% said they found the receptionists at the practice helpful (CCG and national average 87%)

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

Patients told us they felt involved in decision making about the care and treatment they received. 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:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care (CCG average 84% , national average 82%)
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG and national average 85%).

Staff told us that although the number of patients whose first language was not English was small, telephone interpreter services were available when needed.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 4% of the practice list as unpaid carers. Calderdale Carers provided additional support and information to carers in the local area. In the event of a carer needing, for example to spend time in hospital, Calderdale Carers was able to provide support, for up to 72 hours, for the person for whom the carer had responsibilities.

## Are services caring?

Staff told us that if families had experienced a bereavement, their usual GP contacted them if

appropriate. Face to face or home visits were offered, according to the circumstances of the bereaved patient. The practice also provided additional information about other support services available to them.

# 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 Calderdale Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice hosted a dedicated epilepsy clinic for patients. The CCG provided funding for this service, and it was supported by an epilepsy specialist pharmacist, aimed at ensuring patients with epilepsy gained optimum control of their condition by ensuring their medication needs were accurately assessed.

- The practice did not offer extended hours opening. However they offered a proportion of book on the day appointments every day, up until 6.20pm to accommodate working patients. Staff told us surgeries were extended to ensure that any patient requiring a same day appointment could be accommodated.
- In the most recently published national GP patient survey 98% of people surveyed said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- Longer appointments were available when needed. Those patients attending for review of their long term conditions were offered a 20 minute appointment with the nurse. Patients with more than one long term condition were able to have all their needs reviewed in one appointment.
- Home visits were available for housebound and very sick patients.
- Same day appointments were available for children, those needing urgent medical assessment, and those patients for whom it was more convenient.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice was housed in a single storey building, and was able to accommodate the needs of patients with mobility difficulties or those who used a wheelchair.
- Staff told us they were aware of patients with hearing impairment, and made adjustments as needed when these patients attended for appointments.
- Patient information could be printed in large font for those patients with visual impairment.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to twelve weeks in advance, same day appointments were also available every day.

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

- 87% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 98% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 71% patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 59%).

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

### Listening and learning from concerns and complaints

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

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was responsible for handling all complaints received by the practice.
- We saw that the practice leaflet and the practice website provided information to help patients understand the complaints system, and to let them know how to make a complaint.

We looked at two complaints received in the last 12 months and saw that these were appropriately handled, that they were dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, when a patient had been prescribed a medicine to which they were allergic, the practice met with the person concerned and apologised for the error. The incident was shared with relevant staff and amendments were made to the patient electronic record system to ensure that where sensitivities or allergies had been recorded, the system would not allow such a prescription to be generated.



# 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.

- They described themselves as “a little surgery with a big heart”
- Staff demonstrated they understood the ethos and values of the practice, and their responsibilities in relation to these.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had developed and adapted a number of policies, procedures and protocols which supported the delivery of the strategy and good quality care. These 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 available to all staff on the practice intranet.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership and culture

On the day of the 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 and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. (Duty of Candour is a

set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners and practice manager encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

- The practice offered affected people a face to face meeting when appropriate; provided reasonable support, offered truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held weekly GP meetings and staff meetings every two months. Communication in between was via email and electronic messaging on the practice's clinical system.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or at any other time, and felt confident in doing so.
- Staff said they felt respected, valued and supported, by the partners and practice manager. All staff were able to make suggestions about how to run and develop the practice, and the partners and practice manager 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 reference group (PRG) and through surveys and complaints received. There was an active PRG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the patient information notice board had been updated to include more information about local services. In addition, on

# Are services well-led?

Good 

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

the suggestion of the PRG, the practice had adopted a system of sending letters to patients in some cases where they had repeatedly failed to attend for their appointment.

- The practice had gathered feedback from staff through staff meetings and informally on a one to one basis. Staff told us they would not hesitate to give feedback and discuss any issues or concerns with colleagues or management. Staff told us they felt proud to work at the practice.

## 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 in 2016 the practice was participating in a project designed to improve systems for identifying and treating patients with heart failure, with the aim of reducing unplanned hospital admission by early support and intervention for this group of patients.