

Drs Shamsee, Ward & Wilding Slaithwaite Health 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?

Outstanding



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 Drs Shamsee, Ward and Wilding at

Slaithwaite Health Centre on 3 November 2016. Overall the practice is rated as good, although the practice is rated as outstanding for providing safe services.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Feedback from patients about their care was consistently highly positive and every aspect of the national GP patient survey was higher than local and national averages.
- 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 in providing enhanced training to nurse to enable them to undertake complex dressings in-house.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example by providing more accessible chairs for people with mobility issues and providing a fresh water supply for patients' use.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice including:

- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation. Significant events were coded to triage the most appropriate response and learning was shared across this location, as well as

Summary of findings

its partner site; Oaklands Health Centre and the Clinical Commissioning Group. The practice produced a comprehensive annual report which it publicised, sharing learning and actions across the whole team and the patient group. Where applicable the practice shared learning across the wider health network.

- The provider maintained the highest standards in relation to Infection Prevention and Control (IPC) and published an annual statement of compliance within the practice, notifying the patient population of any infection control incidents that had occurred.

- We saw that learning from complaints was embedded into the practice ethos with all team members engaged in reviewing and learning from complaints on a monthly basis. Learning was shared between both Oaklands and Slaithwaite locations in order to maximise opportunities for reflection. Complaints were anonymised and published at the location to both encourage patients to offer their feedback, feel encouraged to make a complaint and see evidence of the provider's engagement.

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 outstanding for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation. Significant events were coded to triage the most appropriate response and learning was shared across this location, as well as its partner site; Oaklands Health Centre and the Clinical Commissioning Group. The practice produced a comprehensive annual report which it publicised, sharing learning and actions across the whole team and the patient group. Where applicable the practice shared learning across the wider health network.
- Information about safety was highly valued and was used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- The provider maintained the highest standards in relation to Infection Prevention and Control (IPC) and published an annual statement of compliance within the practice, notifying the patient population of any infection control incidents that had occurred.
- The practice had a wide range of emergency drug packs, tailored for different types of emergency. For example; drugs commonly required for the treatment of a diabetic emergency were stored in a single use sealed wallet. Similar packs were available for anaphylaxis, drug overdose, pain, stroke, psychiatric care and other conditions. These could be selected for use on home visits. Their use was monitored and they could be quickly replaced once used.

Outstanding



Are services effective?

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.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.

Good



Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The provider undertook quarterly audits of medical procedure competency. This included on the insertion and removal of contraceptive devices and joint injections. All procedures were reviewed to check for any post procedure pain, infection or other complication.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services. Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care.

- 96% of patients described the overall experience of this GP practice as good compared to the local average of 87% and the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 81% and the national average of 78%.

Feedback from patients about their care and treatment was consistently positive. Comments we received described the caring at the practice as compassionate and flexible, and several described their overall experience as 'fantastic.'

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- Patients could access appointments and services in a way and at a time that suited them. This included access to Saturday morning and Bank Holiday Monday services at the nearby Oaklands Health Centre.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders. This included shared learning with Oaklands Health Centre and learning from complaints was publicised across the provider in both reception and on the website.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced by the partners and included engagement with patients and the Clinical Commissioning Group, and was regularly reviewed and discussed with staff.
- Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to raise concerns.
- There was evidence of collaboration and support across all staff and a common focus on improving quality of care and people's experiences.
- Governance and performance management arrangements had been regularly reviewed and took account of current models of best practice. Safe innovation is celebrated.
- 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.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The 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.
- A weekly visit was undertaken to a local care provider to provide support to patients.
- Nursing staff had enhanced skills in managing complex dressings in-house.

Good



People with long term conditions

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

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

- Performance for diabetes related indicators was in line with or higher than the national average. For example 69% of diabetic patients on the register had achieved a blood sugar result of 59 mmol or less in the preceding 12 months. This demonstrated that their diabetes was being well controlled for these patients. This was 2% lower than the local average and 1% lower than the national average. In addition, 95% of diabetic patients had received a foot examination to check for nerve or skin damage associated with their condition. This was 10% higher than the local average and 7% higher than the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- 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.
- 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.
- Uptake for the cervical screening programme was 84%, which was in line with the CCG average of 85% and higher than the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The provider also worked with a local refuge in supporting patients who had experienced domestic abuse.

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.
- Rates of screening for bowel and breast cancer were similar or higher than the local and national averages.

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 and those with a learning disability.
- The provider had links with services offering support to people experiencing drug and addiction problems.
- 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.

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).

- Performance for mental health related indicators overall was higher than the national average. For example 95% of patients with a serious mental illness had a comprehensive care plan in place. This was 4% higher than the local average and 7% higher than the national average.
- 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.
- 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 national GP patient survey results were published in July 2016. The results showed the practice was performing higher than local and national averages. Survey forms were distributed to 266 patients and 108 were returned. This represented a completion rate of 41% and comprised 2% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the local average of 75% and the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 86% and the national average of 76%.
- 96% of patients described the overall experience of this GP practice as good compared to the local average of 87% and the national average of 85%.

- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 81% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all highly positive about the standard of care received. Patients said that the clinical staff offered outstanding and individualised care underpinned by compassion and kindness. Patients described the environment as welcoming and the overall service as 'fantastic'.

We spoke with two patients during the inspection. Both said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The provider gathered data each month from the Friends and Family Test and evidence shown to us confirmed that 100% of patients who responded said they would recommend this practice to others.

Drs Shamsee, Ward & Wilding Slaithwaite Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP specialist adviser.

Background to Drs Shamsee, Ward & Wilding Slaithwaite Health Centre

Drs Shamsee, Ward & Wilding (Slaithwaite Health Centre) New Street, Slaithwaite, Huddersfield, HD7 5AB, provides services for 4,876 patients. The surgery is situated within the Greater Huddersfield Clinical Commissioning Group and provides primary medical services under the terms of a personal medical services (PMS) contract.

Services are provided within a purpose built and accessible building which is leased from NHS Property Services. The practice, located in Slaithwaite serves the village and the surrounding rural area. The patient group experiences lower levels of deprivation and the population is mainly White British.

Slaithwaite Health Centre is registered as a partnership between Dr Muhammad Yusuf Shamsee, Dr James Ward and Dr Paul Wilding. Dr Shamsee has a management role at the location as he is in full time clinical practice at the nearby Oatlands Health Centre, of which both Dr Shamsee and Dr Ward are also partners.

Dr Ward and Dr Wilding together work a whole time equivalent (W.T.E) of 1.67. The partners are supported by three salaried GPs (two female and one male) who are all part time and collectively work the equivalent of 1.33 W.T.E. The practice also has three female practice nurses who offer a combined 1.49 W.T.E.

The practice manager is primarily based at Oaklands Health Centre, but attends Slaithwaite regularly. She is supported by an Operational Manager based at Slaithwaite, who works 0.85 W.T.E. and a number of part time reception and administrative staff.

The practice is open Monday, Tuesday, Wednesday and Friday from 8am to 6.30pm, There were extended hours offered on Thursday until 8.30pm for pre-booked appointments. Out of hours treatment is provided by Local Care Direct.

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 3 November 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, receptionists, the practice manager and practice support (operational manager). We also spoke with patients who used the service.
- Observed how patients were greeted on arrival at the surgery and also when phoning for an appointment.
- 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

People were protected by a strong comprehensive safety system, with a focus on openness, transparency and learning when things go wrong.

- 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.

The provider scrutinised any practice based incidents and also any third party incidents that had affected, or had the potential to impact on the well-being of their patients and staff. They effectively shared learning of these issues and promoted reflection across other agencies. For example, an incident occurred whereby confidential data regarding one of their patient's had been accidentally left in a public place by a health care professional not employed by the provider. Following this incident, the provider liaised with the other provider to seek assurance that no data breach or harm had occurred and asked the other provider to review their systems. Slaithwaite Health Centre, along with the provider's other GP practice, had also developed an information governance improvement plan in the management of safe information governance which ensured that systems with other third parties were also reviewed and any learning was shared across the locality. Where applicable the practice shared learning across the wider health network

The level and quality of incident reporting provided a highly effective picture of safety.

We reviewed safety records, incident reports, patient safety alerts 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.

An annual report was produced in relation to significant events. The practice had a clearly developed framework in which to code events as red, amber or green. This ensured that the provider's response was proportionate to the seriousness of the event, its impact and likelihood of reoccurrence. This coding determined the nature of response. Events were discussed and then methodically reviewed at a one, six or 12 month intervals to provide assurance that there had been sufficient learning and no repeat. The activity at the practice was compared with activity at the provider's other GP practice, including an analysis of events per 1000 patients, per year. A total of 17 events had been recorded, and these had been categorised into themes. Examples of themes included incidents of poor secondary care/difficulties admitting patients, safeguarding concerns raised by the practice, pathology lab problems and confidentiality. A case involving a third party trying to seek out medical information regarding a family member had led to a review of information sharing and refresher training for staff. A patient who did not receive a routine visit from a clinician was followed up when reception noticed that the visit had not occurred. A review resulted in more effective checks being undertaken to ensure planned visits took place and the practice was able to audit this event and confirm that there had not been a reoccurrence.

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 were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their



Are services safe?

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child 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 (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).
- All relevant staff were also required to complete an annual declaration confirming whether there had been any changes to their DBS status.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP partner was the infection prevention control (IPC) clinical lead and worked closely with a practice nurse who deputised in their absence. The provider 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. Comprehensive annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. A handwashing audit had been completed recently. The IPC clinical lead was also proactive in maintaining the highest standards with the contract cleaner and we saw evidence that any issues identified in the fabric of the building that had the potential to impact on IPC were effectively pursued. The provider also published an annual statement of compliance within the practice, notifying the patient population of any infection control incidents that had occurred. The provider also ensured that all clinical staff maintained immunity to Hepatitis B and encouraged staff to undertake seasonal vaccinations.
- 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 directly employed pharmacist and the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. An audit of patients taking a common high risk medicine found that the practice had a compliance rate of 96% against a practice target of 100% regarding the number of patients with an up to date blood test to monitor levels of medicine in the patient's body. A review of this figure was undertaken by the provider who identified that a delay in the arrival of a new patient's notes by a third party had led to the below target result. The provider developed a more effective monitoring system in response to this finding and shared this learning across the wider health community to prevent a similar occurrence.
- Blank prescription forms and pads 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. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.).
- We reviewed three 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of



Are services safe?

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure 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 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 stored securely. The practice also had a wide range of emergency drug packs, tailored for different types of emergency. For example; drugs commonly required for the treatment of a diabetic emergency were stored in a single use sealed wallet. Similar packs were available for anaphylaxis, drug overdose, pain, stroke, psychiatric care and other conditions. These could be selected for use on home visits. Their use was monitored and they could be quickly replaced once used.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent results showed the practice had achieved 98% of the total number of points available. This was 3% higher than the local and national average. The clinical exception rate for this provider was 9%, which was 1% higher than the local average and 1% lower than the national average. 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 2015-16 showed:

- Performance for diabetes related indicators was in line with or higher than the national average. For example 69% of diabetic patients on the register had achieved a blood sugar result of 59 mmol or less in the preceding 12 months. This demonstrated that their diabetes was being well controlled for these patients. This was 2% lower than the local average and 1% lower than the national average. In addition, 95% of diabetic patients had received a foot examination to check for nerve or skin damage associated with their condition. This was 10% higher than the local average and 7% higher than the national average.

- Performance for mental health related indicators overall was higher than the national average. For example 95% of patients with a serious mental illness had a comprehensive care plan in place. This was 4% higher than the local average and 7% higher than the national average.
- Performance for lung disease related indicators was higher than the national average. For example 100% of newly diagnosed patients with chronic lung disease had their lung function measured since their entry on the disease register. This was 10% higher than the local average and 11% higher than the national average. This had been achieved with lower than average levels of exception reporting.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits commenced in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The provider undertook quarterly audits of medical procedure competency. This included on the insertion and removal of contraceptive devices and joint injections. All procedures were reviewed to check for any post procedure pain, infection or other complication.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the provider participated in a review of opiate prescribing (strong pain killers that can be habit forming). The practice scored highly when compared to similar practices within West Yorkshire. The best practices achieved an opiate rate of 5.4% or less and the provider scored 5%, which was a decrease of 1% over 8 weeks.
- The practice reviewed the number of patients diagnosed with atrial fibrillation (a heart condition that causes an irregular heart beat) and used an assessment tool to increase the rate of patients diagnosed with the condition. The provider was able to provide these patients with effective treatment as a result.
- Findings were used by the practice to improve services. For example, recent action taken as a result of a completed audit into antibiotic prescribing gave the

Are services effective?

(for example, treatment is effective)

provider reassurance that patients were receiving improved consultations when presenting with symptoms of respiratory infections. Clinicians found that the number of inappropriate antibiotic prescriptions had declined from 11% to 4% on re audit.

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. Whereby a practice nurse completed an update course in diabetic foot care
- 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 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. All staff had received an appraisal within the last 12 months.
- 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.

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 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, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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 and we saw evidence supporting this.

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. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 84%, which was in line with the CCG average of 85% and higher than the national average of 81%. There was a

Are services effective?

(for example, treatment is effective)

policy to offer telephone reminders for patients who did not attend for their cervical screening test and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Rates of bowel screening were 65%, which was higher than the local average of 64% and the national average of 59%. Rates of breast cancer screening were 77%, which was also higher than the local and national average of 73%. 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.

Childhood immunisation rates for the most common vaccinations given were higher than comparable CCG/

national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% (local average 95%-98%, national average 93%-95%). Rates for five year olds were 90%-100% of eligible children (local average 93%-98%, national average 87%-95%).

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 courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 44 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 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 they needed help and provided flexible and responsive 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 its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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.

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 higher than local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that interpretation and translation services were available for patients who did not have English as a first language.

Are services caring?

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 provider contributed to the organisation of a Christmas Party for local vulnerable people and was able to use the event to also tell them about support that was available.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 64 patients as carers, which was slightly more than 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and the practice 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.

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 offered appointments on Wednesday evening until 8.30pm for patients who could not attend during the usual working day. Patients could also access Saturday morning appointments and appointments on a Bank Holiday Monday at Oaklands Health Centre if required.
- Online services for appointment booking and prescriptions were available and promoted by the provider.
- An Anticoagulation clinic was offered at the practice to provide care both for patients of the surgery and also those across the district who needed regular blood tests and monitoring of their condition, which reduced the need to attend secondary care services at the local hospital.
- A GP had a special interest and enhanced training in the care of patients with neurological conditions and was able to support them without the need to attend secondary care services at the local hospital.
- 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.
- Nurses had received enhanced training in wound care, allowing them to undertake complex dressings at the surgery and reduced the need for patients to attend secondary care services.
- 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.
- There were disabled facilities, a hearing loop and interpretation and translation services available.

Access to the service

The practice was open Monday to Friday from 8am to 6.30pm, apart from Thursday, when it stayed open until 8.30pm for pre-booked appointments. Appointments were available at various times throughout the day, varying from 8.30am to 5pm and from 5.30-8.30pm on Thursdays; however patients that needed to could also access Saturday morning and Bank Holiday Monday appointments at Oaklands Health Centre. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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.

- 80% of patients were satisfied with the practice's opening hours compared to the local and national average of 76%.
- 92% of patients said they could get through easily to the practice by phone compared to the local average of 75% and the national average of 73%.

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.

The provider used a clear triage flow chart tool that had been developed by clinicians to provide support to reception staff. Certain conditions, such as shortness of breath or chest pain were described as 'red flags' and receptionists would either immediately connect the caller to the on call clinician or phone for an emergency ambulance. 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.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and was publicised in reception and on the practice website.

We looked at five complaints received in the last 12 months and found that they had been treated seriously and openly. We saw that learning from complaints was embedded into the practice ethos with all team members engaged in reviewing and learning from complaints on a monthly basis. Learning was shared between the providers' Oaklands and Slaithwaite locations in order to maximise opportunities for reflection. Complaints were anonymised and published at the location to both encourage patients

to offer their feedback, feel encouraged to make a complaint and see evidence of the provider's engagement. Lessons were learnt from individual concerns and complaints and also from analysis of trends. We saw that action was taken as a result to improve the quality of care. For example, one complaint regarding the manner in which a consultation was conducted had resulted in 360 degree appraisals for the staff involved to support their insights and reduce the likelihood of a reoccurrence. In another incident where a complaint was made due to a late running surgery, a review was undertaken as to reasons why the delay occurred and additional guidance was given to reception staff to improve communication should this event reoccur.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the provider had developed an Information Governance Improvement Plan following a review of needs at both Oaklands and Slaithwaite Health Centre's. This included the provision of mandatory training for all staff and safeguards for the protection of confidential data being shared with third parties.
- The provider was an active partner within the local federation of GP practices and a GP was a member of the Local Medical Committee.
- The IPC clinical lead was also proactive in maintaining the highest standards with the contract cleaner and we saw evidence that any issues identified in the fabric of the building that had the potential to impact on IPC

were effectively pursued. Governance was strong across the whole staff team and a hand washing audit had been recently undertaken and an annual statement of purpose was displayed in the reception area.

- On the day of inspection, we reviewed the minutes of the monthly operational meetings that took place demonstrating that the partners took a wide ranging and consistent approach to identifying the operational needs and challenges of the business and also opportunities to improve patient care. For example, we saw minutes that reviewed locum arrangements, flexibility around patient appointments, dementia training updates across the team and the review of a significant event that did not escalate, but was deemed worthy of sharing across the team.

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.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any

Are services well-led?

Good 

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

issues at team meetings and felt confident and supported in doing so. We noted the team used the monthly practice protected meeting time to discuss updates and training issues with staff.

- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, issued an annual report and submitted proposals for improvements to the practice management team. For example, the waiting area had

been refurbished with accessible chairs, improved signage and the installation of a fresh water supply for patients' use. The practice had gathered feedback from staff through appraisals and staff meetings. Staff emphasised to 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 and that the management team and GPs were highly visible and supportive.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. We saw that the partners and practice management team had a highly developed reflective approach to clinical outcomes and improving the overall patient experience, which was particularly evidenced in the approach to learning from significant events.