

Brookroyd 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Brookroyd Surgery on 14 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was consistently positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- 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, the practice referred patients to a care co-ordinator who liaised with NHS and social care services to ensure patients were supported.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

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.

- There was an effective system in place for reporting and recording significant events. The practice held monthly meetings to discuss significant events and complaints.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. The practice engaged with an external organisation to ensure risks were identified and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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 these guidelines were discussed in weekly clinical meetings and were positively influencing and improving practice and outcomes for patients. For example, staff had created bespoke templates to undertake patient reviews.
- The practice had worked with the local CCG medicines management lead and /produced a comprehensive practice development plan to review and improve prescribing, accident and emergency attendance, emergency hospital admissions and depression assessments.
- The nurses had lead roles in the management of patients with long term conditions.

Good



Summary of findings

- They referred patients taking benzodiazepines to The Clarity Project, a local CCG health initiative which provides patients with a structured benzodiazepines withdrawal programme. The practice had achieved a 16% reduction in the overall prescribing of these medicines.
- Clinical audits demonstrated quality improvement.
- The healthcare assistant had received additional training and carried out alcohol brief intervention advice.
- Patients were referred to the Kirklees weight management service and Patient Advice and Liaison Service (PALS) exercise scheme.
- 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. For example, health visitors, local palliative care nurses, midwives and a care co-ordinator.

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 several aspects of care. For example, 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).
- Feedback from patients about their care and treatment was consistently positive.
- We observed a strong patient-centred culture.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice raised money for charities and the local hospice.

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

Good



Summary of findings

ensure that they meet patients' needs. For example, the practice referred patients to a care co-ordinator who liaised with NHS and social care services to ensure patients were supported.

- The practice hosted services which supported the local care closer to home policy. For example, counselling, ultrasound, audiology and nephrology services.
- 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, high seat chairs were purchased to offer a variety of seating in the waiting room for the comfort of patients.
- 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. The practice had a policy that no patient that requested to be seen the same day would be turned away.
- The practice constantly reviewed access and the availability of appointments. They recently employed an additional phlebotomist and provided phlebotomy training to a member of the reception team to increase access for urgent blood tests.
- The practice had good facilities and was well 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.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- 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 a high level of constructive engagement with staff and high levels of staff satisfaction. For example, administrative staff had created a comprehensive catalogue of step by step guides for administration tasks which were updated regularly.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included regular meetings and 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 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. For example, administrative staff had been encouraged and supported to undertake further study and provide phlebotomy and healthcare assistant services. The practice employed two administration apprentices.

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.
- The facilities were good for older people, for example, the practice purchased high backed chairs and had installed a hearing loop.
- Uptake for national screening programmes was high. For example, 61% of people aged 60 to 69 had been screened for bowel cancer in the preceding 30 months compared with the national average of 55%.
- Flu vaccination rates for the over 65s were 72% compared to the national average of 73%.

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.
- 95% of patients newly diagnosed with diabetes, on the register, in the preceding 1 April to 31 March had a record of being referred to a structured education programme within 9 months (CCG and national average 90%). Patients had a pre-assessment appointment with a healthcare assistant and a care plan was provided in advance of their review appointment.
- Staff had created bespoke templates following NICE guidelines to undertake reviews of patients with long term conditions and prompt opportunistic offers of screening.
- The practice provided an in-house spirometry service for patients with asthma and Chronic Obstructive Pulmonary Disease (COPD).
- Longer appointments and home visits were available when needed.

Good



Summary of findings

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

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice ensured that children who were unwell were seen the same day and reserved child only urgent access appointments after school hours.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice held weekly antenatal and childhood immunisation clinics.

Good



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 offered extended hours appointments on Monday evenings for working people.
- 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.
- The practice used text messages to confirm appointment bookings and send reminders.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and encouraged patients to bring a support worker, friend or relative.
- The practice regularly worked with other health care professionals and the learning disability team in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, local carers groups and support for domestic violence.
- 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 effective systems to ensure children and vulnerable patients who did not attend reviews were assessed by the safeguarding lead.
- The practice was registered with the Kirklees Safe Places scheme. The scheme helps vulnerable people who become confused, frightened or need help when they go out.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice offer a three tier appointment system for dementia screening. Data showed that 82% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 83% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months compared with the national average of 88%.
- Staff had created bespoke templates following NICE guidelines to undertake reviews of patients with dementia which included an assessment of their mobility, social circumstances and carers.

Good



Summary of findings

- 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 hosted counselling services and 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 had received additional training to understand the needs of patients with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages for several indicators. Survey forms were distributed to 270 patients and 112 were returned giving a response rate of 41%. This represented 1% of the practice's patient list.

Of these:

- 67% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. Comments included

that staff were caring, respectful, helpful and listened to patients. Four patients commented that they had no complaints and many commented that they could get appointments when they needed them.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They told us they were not kept waiting long for appointments. However, all nine patients commented that was sometimes difficult to get through to the practice on the phone, especially first thing in the morning.

The practice were aware of the difficulty patients experienced on the phone and had tried different systems to improve telephone access. Data from the national GP patient survey showed a 5% improvement from 62% in 2015 on patients finding it easy to get through to the surgery by phone. The practice were planning to introduce a monitored telephone system in 2016 to monitor the telephone system, analyse waiting times and the number of patients who hang up or are disconnected.

The results from the 2015 NHS Friends and Family Test showed that of 43 responses, 38 were extremely likely or likely to recommend the practice to a friend or family member.

Brookroyd Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an Expert by Experience.

Background to Brookroyd Surgery

Brookroyd Surgery is located on the first floor of Heckmondwike Health Centre, 16 Union Street, Heckmondwike, West Yorkshire, WF16 0HH.

- The practice is close to local shops and transport links. The premises hosts two GP practices and a pharmacy. There is a large car park for patients and the premises is accessible for wheelchair users.
- The practice provides primary care services to 9814 patients in Heckmondwike, Cleckheaton, Mirfield, Batley, Dewsbury Moor and parts of Liversedge under a Personal Medical Services (PMS) contract.
- The area is on the fifth decile of the scale of deprivation and 1% of patients are from black minority ethnic populations. Five per cent of patients are on disability living allowance.
- In addition to primary care services the practice hosts counselling, ultrasound, audiology midwifery and nephrology services.
- There are five male GPs, a female advanced nurse practitioner, a minor ailments/injury nurse, four female practice nurses, two female healthcare assistants and a female phlebotomist. There is a practice manager and a team of administrative staff.

- The practice is open from 8am and 6pm Monday to Friday. Appointments are from 8am every morning and 2pm daily. Extended hours appointments are offered until 7.30pm on Mondays. There is a GP on call each day for urgent requests.
- When the practice is closed services are provided by Local Care Direct and NHS 111.

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.

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 14 April 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, healthcare assistants and administrative staff and spoke with the patient participation group and patients who used the service.
- Observed how staff interacted and talked with patients, carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and reviewed all events to identify themes and trends. We saw evidence that the practice discussed significant events at monthly meetings and learning from significant events was discussed with staff.

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. For example, a recent alert about prioritising home visits prompted the practice to review its home visits protocol and we saw evidence that this was to be discussed at the next weekly clinical meeting.

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 responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three. Other staff members had received training to safeguarding level two.

- Notices in the waiting room and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had recently improved its chaperone protocol in response to a risk assessment and we saw that improvements had been made to ensure chaperoning was recorded on the clinical system effectively.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw that infection prevention notices to encourage hand hygiene were displayed in clinical rooms and bathrooms. The infection control clinical lead regularly reviewed cleanliness in the practice, a hand hygiene audit had been undertaken and she liaised with general cleaning contractors to ensure standards were maintained.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacist, to ensure prescribing was in line with best practice guidelines for

Are services safe?

safe prescribing. For example, the practice had worked with the local CCG medicines management lead and had a development plan to improve prescribing of antimicrobial and hypnotic medicines. The CCG pharmacist told us the practice engaged well and had worked with him to achieve an overall 16% reduction in antibiotic prescribing.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed 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 members of staff had received fire safety training. 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 which were undertaken and reviewed regularly to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice employed a building manager to oversee the premises and maintenance. The practice manager liaised regularly with the building manager, owners and the other occupiers to maintain the safety of the premises.
- 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 effective 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 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 ensured that these guidelines were followed, through risk assessments, audits and random sample checks of patient records.
- We saw evidence that NICE guidelines were discussed and reviewed at weekly clinical meetings.
- Staff had created bespoke templates following NICE guidelines to undertake reviews of patients with long term conditions, dementia and prompt opportunistic offers of screening.

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 91% of the total number of points available with 11% exception reporting.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the national average. For example, 95% of patients newly diagnosed with diabetes, on the register, in the preceding 1 April to 31 March had a record of being referred to a structured education programme within 9 months (CCG and national average 90%). Patients had a pre-assessment appointment with a healthcare assistant and a care plan was provided in advance of their review appointment. The practice were piloting a system to refer patients electronically to the district nurses and structured diabetes education programme.
- Performance for mental health related indicators was similar to the national average. Eighty three per cent of

patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months compared with the national average of 88%.

- The practice offered a three tier appointment system for dementia screening. They had developed bespoke templates to review patients with dementia which included an assessment of their mobility, social circumstances and carers. Eighty two per cent of patients diagnosed with dementia had been reviewed in a face-to-face review in the preceding 12 months (national average 84%). All clinical and non-clinical staff received dementia friendly training.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was within normal parameters was 85% compared to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- The practice had a programme of clinical audits undertaken by GPs and nurses with support from administrative staff.
- There had been eight 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 and peer review.
- The practice nurses were undertaking audits. For example, ongoing audits included patients failing to attend for interim depression reviews and the uptake of vaccination uptake in patients who had undergone splenectomy. A splenectomy is surgery to remove the entire spleen.
- The practice had participated in local CCG audit of demand and capacity. In addition, the practice were auditing staffing levels to ensure continuity of care for patients and monitor staff workload.
- The practice had a comprehensive practice development plan to review and improve prescribing, accident and emergency attendance, emergency hospital admissions and depression assessments.
- Findings were used by the practice to improve services. For example, recent action taken as a result included referring patients who had failed to attend for asthma reviews to the GP to consider safeguarding.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, staff performing phlebotomy and a healthcare assistant who carried out spirometry and ear syringing.
- We saw evidence that staff who attended training externally discussed learning with other staff members in staff meetings. For example, we saw evidence that the safeguarding lead had recently attended Deprivation of Liberty (DoLs) training and held an update session for practice staff.
- 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. Staff told us that they were encouraged and supported to undertake further education and develop their role.
- The practice hosted training sessions for the local CCG, for example, first aid training for practice staff.

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.
- The practice worked with and referred patients to a care co-ordinator who liaised with NHS and social care services to ensure patients were supported.
- They referred patients taking benzodiazepines to The Clarity Project, a local CCG health initiative which provides patients with a structured benzodiazepines withdrawal programme. The practice had achieved a 16% reduction in the overall prescribing of these medicines. Benzodiazepines are a group of medicines that can be used to help with severe sleeping difficulties or anxiety.

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 and we saw evidence that 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 through patient records audits.

Are services effective?

(for example, treatment is effective)

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.
- The healthcare assistant had received additional training and carried out alcohol brief intervention advice. She used AUDIT-C which is a recognised screening tool that can help identify persons who are hazardous drinkers or have active alcohol use disorders. Data showed that in 2015, 1504 patient had been reviewed using the screening tool and a further 369 patients had received structured advice to reduce their alcohol consumption.
- Smoking cessation advice was available from a local support group, 87% of patients aged 15 or over who are recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months.
- Patients were referred to the Kirklees weight management service and Patient Advice and Liaison Service (PALS) exercise scheme. We saw case studies of patients who had been supported to lead healthier lives and achieved significant weight loss.
- There was an effective system in place to invite and recall patients to attend for cervical screening. The practice's uptake for the cervical screening programme was 81%, which was comparable to 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 using information in different languages and for those with a learning disability 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 and uptake was higher than the national average. For example, 61% of people aged 60 to 69 had been screened for bowel cancer in the preceding 30 months compared with the national average of 55%. The uptake of retinal screening was above average.

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

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 97% to 99%.

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 26 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 four 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 support when required. We saw letters from patients thanking GPs and staff for their kindness and care during treatment and letters from local charities and a hospice thanking the practice for fundraising.

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%).
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%).
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%)

Care planning and involvement in decisions about care and treatment

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

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:

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

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

- Staff told us that translation and sign language services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice referred patients to the care co-ordinator who liaised with NHS and social care services to ensure patients were supported.

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. For example, domestic violence, life after stroke and parenting information and advice services. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 158 patients as carers (2% of the practice list). Carers were offered health

checks and flu vaccinations. Carers were offered referral to a local carers support service and information about the service was available in the waiting room. 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 or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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. For example, the practice hosted counselling, ultrasound, audiology and nephrology services which supported the local care closer to home policy. They also hosted training for staff from other practices. The practice engaged with the CCG medicines management team and staff attended CCG meetings.

- The practice offered extended hours clinics on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice reserved child only urgent access appointments were after school hours.
- Military veterans were coded in practice and given priority as required.
- 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 translation services available including sign language.
- The practice had a lift to improve access and a variety of seating in the waiting room including high backed chairs for older people and patients with reduced mobility.
- The practice were piloting a system to refer patients electronically to the district nurses and structured diabetes education programme.
- The practice constantly reviewed access and the availability of appointments. They recently employed an additional phlebotomist and provided phlebotomy training to a member of the reception team to increase access for urgent blood tests.

Access to the service

The practice was open from 8am and 6pm Monday to Friday. Appointments were from 8am every morning and 2pm daily. Extended hours appointments were offered until 7.30pm on Mondays. There was a GP on call each day for urgent requests. 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 and the practice had actively promoted online services for patients.

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

- 87% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 67% of patients said they could get through easily to the practice by phone compared to 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. However, patients commented that was sometimes difficult to get through to the practice on the phone, especially first thing in the morning.

The practice were aware of the difficulty patients experienced on the phone and had tried different systems to improve telephone access. Data from the national GP patient survey showed a 5% improvement from 62% in 2015 on patients finding it easy to get through to the surgery by phone. The practice were introducing a system in 2016 to monitor the telephone system, analyse waiting times and the number of patients who hang up or are disconnected.

Listening and learning from concerns and complaints

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

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

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

We looked at 21 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint etc. We saw evidence that complaints were

discussed in staff meetings and lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

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 vision to provide high quality care to patients at all times and provide good conditions for staff at the practice. Staff knew and understood the values.
- The practice had a robust strategy and supporting business and development plans which reflected the vision and values and were regularly monitored.
- The practice manager was joint chair of the local practice management group. They used this group to share best practice and influence the practice plans.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Staff were encouraged to contribute to practice procedures and protocols. For example, administrative staff had created a comprehensive catalogue of step by step guides for administration tasks which were updated regularly.
- 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice manager liaised with the other occupants of the building and the building owners regularly to ensure that faults and concerns were reported and work was carried out. Up to date records were maintained.

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 manager liaised with external agencies to ensure that complaints were handled effectively. They met regularly with the practice manager of another GP practice in the building to discuss and share learning.
- 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.

- The practice held regular business, administrative, clinical and general staff meetings.
- The practice manager maximised all opportunities to provide training and development for staff. They ensured that staff training was up to date and encouraged all staff to identify and undertake additional training for self and role development.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- There were high levels of staff satisfaction. Staff retention was high and many staff members had over 10 years' service.

Are services well-led?

Good 

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

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, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, providing a variety of seating in the waiting area and installing a sign for patients to stand back from reception to improve confidentiality.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice worked with the care co-ordinator to ensure patients were supported, engaged with the local CCG to identify improvements and develop comprehensive action plans. Staff were encouraged and supported to learn new skills and develop their roles. The team had created bespoke templates to deliver care and prompt opportunities to improve patient uptake of services including screening and vaccinations.