

# Dalton Surgery

## Quality Report

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

### Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to Dalton Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dalton Surgery on 7 September 2016. Overall the practice is rated as good.

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

- The practice had processes in place for recording significant events. Learning from these events was shared during clinical governance meetings which were held eight weekly. An informal discussion was held at the time of any significant event and plans put into place to carry out any required actions. Staff told us the practice encouraged the reporting of significant events.
- Risks to patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. We saw that one of the consulting rooms did not provide privacy curtains or screening.
- 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. We saw that letters responding to complaints did not contain full details of action taken as a result of the complaint. The letter did not include details of the NHS Parliamentary Ombudsman.
- 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 limitations with regard to their premises. Staff told us their workloads were increasing due to a recent influx of patients from nearby practices which had closed. However they made the best use possible of the facilities available to them.
- Staff told us they felt supported by the GP partners and practice manager. The practice proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Improve their documentation to reflect more fully how complaints are dealt with in the practice.

- Review the arrangements for cleaning fabric privacy curtains in consulting rooms in line with national patient safety agency (NPSA) guidance.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- Processes were in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice. We saw that informal discussion and planning took place following significant events. Full team meetings were held eight weekly where lessons learned were disseminated and shared.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and 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 in line with the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to assess need, plan care and deliver treatment plans to improve outcomes for patients.

Good



### 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.
- 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. Due to the

Good



# Summary of findings

size restrictions of the patient waiting area some conversations at the reception desk could be overheard. We saw the practice had taken steps to mitigate this, by playing background music in the waiting area. In addition self-check in facilities were available for patients to use.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff 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 worked with the CCG pharmacist to monitor prescribing patterns and follow current guidelines for prescribing.
- Patients said they found it easy to make an appointment with a named GP or nurse, and there was continuity of care, with urgent appointments available the same day.
- The practice had limitations with regard to their premises. However they made good use of the facilities available to them.
- Information about how to complain was available and easy to understand. The practice demonstrated they responded to complaints in a timely manner in an open and transparent way. We saw that letters sent to patients following a complaint did not always contain clear details of actions the practice had taken as a result of the complaint. We also saw the letter did not contain details of the NHS Parliamentary Ombudsman. The practice told us they would review their processes in relation to this. Lessons learned were shared informally at the time of the complaint. Formal sharing of lessons learned was carried out at the eight weekly clinical governance meeting.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to provide high quality accessible care in a safe responsive professional and courteous manner. Staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff told us they felt supported by the GP partners and practice manager. The practice had a number of policies and procedures to govern activity and held eight weekly governance meetings.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents. This information was shared with staff informally at the time of the incident and any necessary actions taken. More formal, widespread sharing and lessons learned were discussed at the clinical governance meeting.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- All staff had received an appraisal in the last 12 months. Staff were encouraged to develop and progress in their roles.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice had patients in a number of nursing and residential homes close to the practice. These homes were visited regularly by the advanced nurse practitioner from the practice to monitor their needs and ensure timely response to any health concerns identified.
- Before the inspection we sought feedback from one residential home and one nursing home for older people who had residents registered with the practice. They both told us they were very happy with the service provided by the practice. They told us their residents were treated with kindness and respect; all had a named GP and were able to receive home visits from GPs when required. They told us patients who were approaching the end of their lives were treated in a sensitive and appropriate manner, with involvement from carers and relatives when necessary.
- The practice nurse maintained a register of older and vulnerable patients at risk of unplanned hospital admission. They oversaw their care, made regular contact to review their needs, and made contact following hospital admission and discharge.
- At the time of our visit 11 patients were on the palliative care (end of life care) register. Staff told us they maintained regular contact with this group of patients and responded quickly to changing need. The practice had been part of an early working group which led to the now widely adopted 'Gold Standard Frameworks' (GSF). GSF is a systematic evidence based approach to providing the best possible care to all patients approaching the end of life.

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.

Good



# Summary of findings

- 79% of patients with diabetes, on the register had a recorded blood pressure which was within normal limits completed in the preceding 12 months, compared to the CCG average of 77% and the national average of 78%.
- 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.

## 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 accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and described examples to demonstrate this.
- Appointments were available outside of school hours. The premises were suitable for children and babies.
- Eight weekly meetings were held with health visitors and school nurses. These enabled the practice to work collaboratively with these services to plan care and deliver treatment plans for children in vulnerable circumstances, or those with additional needs.

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 acknowledged. The practice offered extended opening hours, from 7.30 am on Tuesday, Wednesday and Friday, and until 7pm on Monday, Wednesday and Thursday. This made it easier for working people to access appointments at a time convenient to them.

Good



# Summary of findings

- The practice was encouraging patients to register for online access. At the time of our inspection we saw that 679 people (10% of the practice population) had registered for online access.
- Patients were able to receive text reminders of appointments. Test results were also available by text message.
- The practice had developed a smart phone 'app' which enabled patients to receive information about the practice and book and cancel appointments by means of a QR (quick read) code.
- The practice offered a full range of health promotion and screening reflecting the needs of this age group.
- 82% of eligible women had completed a cervical screening test in the preceding five years compared to the local average of 86% and the national average of 82%.

## 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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice was registered as a 'Safe Place'. This identified the practice as a place for people with a learning disability to access support if they encountered difficulties whilst they were away from home.
- Before the inspection we sought feedback from a residential home for adults with learning disability who had residents registered at the practice. They told us they received a good service from the practice, with access to appropriate medicines and treatments in a timely way. They told us the GPs were willing to see their residents at home or in the surgery, whichever was most appropriate.
- The practice informed vulnerable patients how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



# Summary of findings

- The practice provided GP services to a nearby women's refuge which provided short to medium term accommodation for women and their children fleeing violent or dangerous situations.
- The practice had identified 101 patients (2% of the practice population) as unpaid carers. This group of people were offered an annual health check, a seasonal flu vaccination and were signposted to local support agencies, such as 'Carers Count'.

## 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).

- 82% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the local and national averages of 85% and 84% respectively.
- 100% of patients with schizophrenia or other psychoses had a comprehensive care plan agreed and documented within the preceding 12 months compared to the local average of 89% and the national average of 89%.
- The practice regularly worked with multidisciplinary 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 gave patients experiencing poor mental health information about local support services.
- 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. All staff had been trained as 'Dementia Friends'.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results which were published in July 2016 showed the practice was performing in line with local and national averages. There were 257 survey forms distributed and 122 were returned. This represented 47% of the surveyed population, and 2% of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the local average of 76% and the national average of 73%.
- 82% 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 85%.
- 93% 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%.
- 84% 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 82% 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 45 comment cards which were all positive about the standard of care received. Staff were described as welcoming and friendly, doctors were described as excellent. Some cards gave examples of support other members of their family had received from the practice during difficult times. One of the cards made a comment about lack of confidentiality at the reception desk, however they stated the practice provided good care.

We spoke with five patients during the inspection, including four members of the patient participation group (PPG). All five patients said they were satisfied with the care they received and thought staff was approachable, committed and caring.

Results of the most recent Friends and Family Test in August 2016 showed that 96% of the 22 patients who responded stated they were likely or extremely likely to recommend the practice to friends and family.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Improve their documentation to reflect more fully how complaints are dealt with in the practice.

- Review the arrangements for cleaning fabric privacy curtains in consulting rooms in line with national patient safety agency (NPSA) guidance.

# Dalton Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to Dalton Surgery

Dalton Surgery is situated at Wakefield Road, Dalton, Huddersfield HD5 8DY and is located approximately two miles east of Huddersfield town centre. The current building has been occupied since 1990. It is a two storey building. Patient treatment rooms are all located on the ground floor. The practice is equipped for disabled access and car parking is available. The surgery is accessible by public transport.

There are currently 6,710 patients on the practice list. The national General Practice Profiles shows the ethnicity of the practice population as mainly white British, with 7% Asian, 5% black, 4% mixed and 1% other non-white ethnicities. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England. They offer a range of enhanced services to patients, such as childhood immunisations, enhanced services and early diagnosis of patients with dementia and additional support for patients identified as having learning difficulties.

The practice has three GP partners. Of these, two are male and one female. There is one female advanced nurse practitioner and two female practice nurses. The clinical team is supported by a practice manager, and a number of administrative and reception staff.

The practice is classed as being within the fourth more deprived areas in England. People living in more deprived areas tend to have greater need for health services.

The average life expectancy for patients registered at the practice is 76 years for men and 81 years for women. Local averages are 78 years for men and 82 years for women. National averages are 79 years for men and 83 years for women.

The practice demographics (age range and gender of patients) are in line with national averages.

The practice is open between 8am and 7pm on Monday, 7.30am to 6.30 pm on Tuesday, 7.30am to 7pm on Wednesday, 8am to 7pm on Thursday and 7.30am to 6.30pm on Friday. Appointments can be booked on the day or up to eight weeks in advance. On Monday and Tuesday the practice holds an open surgery between 11.30am and 12.30pm for those patients without an appointment who wish to be seen urgently.

Weekly clinics are held which include asthma, diabetes, childhood immunisations and minor surgery.

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

The practice has not been previously inspected by the Care Quality Commission.

### 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 the practice we reviewed a range of information we hold about the practice and asked other organisations and key stakeholders to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice provided before and during the inspection day. We also reviewed the latest (2014/15) data from the Quality and Outcomes Framework (QOF), national GP patient survey and the NHS Friends and Family Test (FFT). In addition we contacted a nursing home and residential home for older people, and a home for learning disabled adults, for their feedback.

We carried out an announced visit on 7 September 2016. During our visit we:

- Spoke with two GPs, two practice nurses and the practice manager.
- In addition we spoke with five patients, including four members of the patient participation group (PPG)
- We observed communication and interaction between staff and patients, both face to face and on the telephone.
- 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.

- Reviewed eight questionnaires completed by administrative and reception staff which had been sent out prior to the inspection.

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 a 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 and a written apology.
- The practice carried out an analysis of significant events. Lessons learned were shared at the bi-monthly clinical governance meetings.

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 combined oral contraceptive had been given to a patient who was not suitable for this medicine due to having a high body mass index (BMI). As a result processes were changed to ensure that patients' height and weight was recorded in all cases prior to this contraceptive being issued.

### Overview of safety systems and processes

The practice had 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 liaised with health visitors to provide information for multi-agency meetings. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. Nurses were trained to level two and other staff to level one.

- 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead and had attended appropriate IPC training and disseminated learning to staff in the practice. An IPC protocol had been developed. The practice had recently introduced an annual IPC audit, carried out by the practice nurse. We saw evidence that action was taken to address any improvements identified as a result, for example clinical waste was appropriately bagged and labelled, and bins in consulting rooms had foot pedal openings. We saw that fabric privacy curtains were in use in some of the examination rooms. We saw that these curtains appeared clean, however at the time of our visit these were not being laundered in line with national patient safety agency (NPSA) guidance. The practice told us they would review their procedures in relation to this.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were appropriate (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The advanced nurse practitioner 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

## Are services safe?

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 and administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We saw that some files relating to staff that had been in post for a number of years did not evidence full employment history and other information. However we saw that the recruitment policy was appropriate and the practice assured us it was followed when new staff were recruited.

### Monitoring risks to patients

Risks to patients were assessed and 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 substances hazardous to health and infection control. A legionella assessment had been undertaken. (Legionella is a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff told us they covered for one another within their discipline. Annual leave was

allocated to allow for maximum cover arrangements. The practice told us locums were rarely used and that GPs worked additional hours to cover for colleagues on annual leave. The practice had a reciprocal agreement with a nearby practice where appointments with GPs or nurses could be provided during times of crisis, for example staff sickness.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice kept a 'grab bag' to be used in the event of a patient emergency in the nearby vicinity. It contained essential equipment to provide first aid relief, and high visibility jackets for staff to wear whilst attending such incidents.
- 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 and adult and children's pulse oximeters. (Pulse oximeters are medical devices which indirectly monitor the oxygen saturation of a patient's blood). A first aid kit and accident book was 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 (BCP) in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The GPs and practice manager held a paper copy of the BCP at home

# Are services effective?

(for example, treatment is effective)

## Our findings

### Our findings

#### Effective needs assessment

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

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

#### 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 showed the practice had achieved 93% of the total number of points available with an exception reporting rate of 8%. The national average of QOF points achieved is 95%, with a 9% exception reporting rate. Exception reporting is the removal of patients from QOF calculations where, for example, the patient is unable to attend for a review or where certain medicines cannot be prescribed due to side effects.

The practice showed us evidence that in 2015/16 they had achieved 95% of the total points available. These figures are not yet published and verified.

Data from 2014/15 showed:

- Performance for diabetes related indicators was lower than local and national averages. For example 66% of patients with diabetes, on the register had a normal blood sugar level recording completed in the preceding 12 months, compared to the local and national average of 78%. In addition 95% of patients with diabetes, on the register had received a flu vaccination in the preceding 12 months which was the same as the local and national average.

- Performance for mental health related indicators was lower than local and national averages. For example 74% of patients with schizophrenia or other psychoses had their alcohol consumption recorded in the preceding 12 months, compared to the local average of 88% and the national average of 90%. In addition 82% of patients with schizophrenia or other psychoses had received a face to face review meeting in the preceding 12 months compared to the local and national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been several 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, local benchmarking, accreditation and peer review. They attended the CCG 'green team' meetings bi-monthly, comparing prescription data and costings.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing the medicine needs of patients with atrial fibrillation (AF) to ensure that anti-coagulants were prescribed when appropriate. (Atrial fibrillation is a heart condition characterised by an irregular and often rapid heartbeat. People with AF are likely to be at higher risk of stroke).
- Information about patients' outcomes was used to make improvements such as identifying those patients with osteoporosis who would benefit from calcium and vitamin D supplements. (Osteoporosis is a medical condition in which the bones become brittle and fragile from loss of tissue, typically as a result of hormonal changes or deficiency of calcium or vitamin D).

#### 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.

# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice 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, informal clinical supervision and facilitation and support for revalidating GPs and nurses. 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 bi-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 such as Gillick competency. These are used in medical law to decide whether a child is able to consent to his or her own treatment without the need for parental knowledge or consent.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored to ensure it met the practice's responsibilities within legislation, and followed national guidance. Consent was recorded on the patient's electronic medical record. Written consent was obtained for more invasive procedures such as minor surgery. This was then scanned onto the patient record.

### 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.
- Smoking cessation was provided in-house by the practice nurse.
- Support for drug and alcohol dependence was available through the local 'Lifeline' service.
- Weight loss support was provided by the practice nurse. More specialised weight loss support was available through locally available dietician services.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the local average of 86% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national

## Are services effective? (for example, treatment is effective)

screening programmes for bowel and breast cancer screening. 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 vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to

under two year olds ranged from 91% to 100% and five year olds from 83% to 94%. CCG averages are 77% for two year olds and 68% for five year olds. National averages are 88% for two year olds and 89% for five year olds.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in the GP consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We saw that the nurse consulting room did not contain privacy curtains. The practice told us they made reasonable adjustments to make sure that patients' privacy and dignity was maximised, such as ensuring the door was closed during a consultation and couch roll was used as appropriate to protect a patient's dignity.
- 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 45 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.

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:

- 97% 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%.
- 93% 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 96% and the national average of 95%)
- 94% 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%).
- 94% 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%).
- 84% 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:

- 98% 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%.
- 89% 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%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

## Are services caring?

- Staff told us that telephone interpreter services were available for patients who did not have English as a first language
- Information leaflets were available in easy read format for patients with visual difficulties.
- A hearing loop was in use in the practice for patients with hearing impairment.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 101 patients as carers (2% of the practice list). Carers were offered an annual health check and seasonal flu vaccination. They were also signposted to local support groups such as 'Carers Count'.

Staff told us that if families had experienced bereavement, their usual GP sent them a letter of condolence. This was followed up by a telephone call. Additional support was offered in accordance with the wishes of the family concerned.

# 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 Greater Huddersfield Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had responded to PPG feedback about the parking facilities available to patients. Staff parked their cars in the rear car park, leaving the car park closest to the door available for patients, and disabled car parking spaces were available.

- The practice offered a 'drop in' appointment session on Monday and Tuesday between 11.30am and 12.30pm to accommodate those patients who had been unable to book an appointment, but needed to see a GP urgently.
- The practice had a responsive appointments system, with some appointments 'embargoed' each day to enable people to book appointments on the day. Less urgent appointments could be booked up to eight weeks in advance. In addition a telephone triage service was provided each day for patients who wished to speak with a GP or nurse practitioner.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for housebound or very sick patients.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice was accessible to wheelchair users. All patient consultation rooms were situated on the ground floor.
- Telephone interpreter services were available. The practice made use of a hearing loop for those patients with hearing impairment. Patient information was available in large font for those patients with visual impairment.
- The practice was encouraging patients to register for online access. At the time of our inspection we saw that 679 people (10% of the practice population) had registered for online access.
- Patients were able to receive text reminders of appointments. Test results were also available by text message.

- The practice had developed a smart phone 'app' which enabled patients to receive information about the practice and book and cancel appointments by means of a QR (quick read) code

### Access to the service

The practice's opening times were as follows:

- Monday 8am to 7pm
- Tuesday 7.30am to 6.30pm
- Wednesday 7.30am to 7.00pm
- Thursday 8am to 7pm
- Friday 7.30am to 6.30pm

Pre-bookable appointments could be booked up to eight weeks in advance. In addition urgent same day appointments were available for those patients requiring urgent medical assessment.

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.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 75%.
- 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% 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.

Requests for home visits were noted in a book which GPs accessed and prioritized the urgency of home visits based on clinical need.

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

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

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

- Their complaints policy and procedures were mostly 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 patient information leaflet and on the practice website.

The practice had received 10 complaints in the last 12 months. We looked at these and found they were mostly satisfactorily handled and dealt with in a timely way with openness and transparency. We saw that letters

responding to complaints did not always contain full details of action taken as a result of the complaint. In addition the letters did not include details of the NHS Parliamentary Ombudsman for patients who were not happy with the outcome of the complaint. The practice told us they would review their processes in relation to this. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action were taken to as a result to improve the quality of care. For example, following a patient complaint, reception staff received training on answering the telephone appropriately, making sure they always gave their name. Staff also wore badges which stated: "hello my name is..." This enabled patients to more clearly identify staff and their role.

# 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 provide accessible care in a safe, responsive, professional and courteous manner.

- Staff we spoke with told us they enjoyed working at the practice and felt that all members of the team worked hard to provide a good service. Staff told us they felt supported in their role.
- The practice had a strategy and business plan which sought to enhance and develop the practice's clinical effectiveness. At the time of our inspection the practice was constrained by lack of available space. This meant that plans to accommodate additional staff to extend the scope of services offered by the practice were on hold.

### Governance arrangements

The practice had a governance framework which supported the delivery of 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.
- Practice performance was monitored.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Dissemination of lessons learned and actions taken following identified risks occurred during the practice's clinical governance meeting which was held on a bi-monthly basis. We saw that immediate responses to identified risks and significant events were formulated more informally and on an 'ad hoc' basis.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience and capability to run the practice and ensure high quality care. They told us that the practice list size was increasing and that as a result workloads were increasing. Due to the constraints of their premises they were unable to accommodate additional GP or ANP staff to meet the demand. They were investigating

other potential options for acquiring new premises, or extending their current premises. 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 and a verbal and written apology. We saw that written correspondence to patients following complaints did not always provide full details of actions taken by the practice to prevent similar incidents occurring again. The practice told us they would review their processes in relation to this.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held 'whole team' meetings bi-monthly.
- 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 by the partners and practice manager. Staff were able to contribute ideas about how to develop 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

# Are services well-led?

Good 

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

regularly and submitted proposals for improvements to the practice management team. For example, the PPG had identified that patients registering for online services needed to be increased. They were involved in updating the website to improve patient awareness of this service and encourage patients to register for this option.

- The practice had gathered feedback from staff through staff appraisals, meetings and informal discussion. Staff

told us they would feel able to give feedback and discuss any areas of concern with the partners, lead nurse or practice manager. They told us they felt working at the practice was “like being part of a family”