

Southowram 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 Southowram Surgery on 9 May 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey were consistently high, and showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patient satisfaction with regards to access to appointments was consistently high. One of the GPs had led on a CCG practice access incentive scheme which aimed to improve patient access to appointments in line with Royal College of General Practitioner (RCGP) guidelines.
- The practice demonstrated they had increased uptake of bowel screening by 12% in 2016 by sending a personal letter signed by their named GP to patients to encourage uptake of this service.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the GP partners and practice manager. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

Summary of findings

The areas where the provider should make improvement are:

- Update practice policies in a timely way.
- Consider reviewing staff immunity to Measles, Mumps and Rubella (MMR) in line with Public Health England guidelines.
- Regularly review and update risk assessments in relation to emergency medicines held on site.
- Include Parliamentary and Health Services Ombudsman details when replying to patient complaints.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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 to minimise risks to patient safety.
- We saw that some policies were in need of updating.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents. We saw that a risk assessment relating to the emergency medicines held on site had not been reviewed since 2014.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits, specific to the practice needs, demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- The practice had developed an in-house protocol for patients with a new diagnosis of cancer. It provided a pathway for care; and was used in conjunction with district nurses and palliative care nurses, to ensure that patients were regularly monitored; their needs reviewed, and appropriate co-ordinated packages of care provided in a timely way.

Summary of findings

- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example they carried out regular capacity and demand audits in relation to appointment access. A winter and summer protocol had been developed, with additional appointments made available during times of higher demand. Patient feedback we reviewed indicated that access to appointments, with a GP of their choice, was readily available.
- One of the GPs had led on a practice access incentive scheme, This scheme aimed to ensure appointment availability was in line with patient list size. The practice had adopted this approach. We saw that both urgent and non urgent appointments were accessible with the patient's GP of choice. This scheme was being rolled out to all practices in the Calderdale Clinical Commissioning Group. This aimed to improve patient access to appointments in line with Royal College of General Practitioners guidelines.
- The practice demonstrated they had increased uptake of bowel screening by 12% in 2016 by sending a personal letter signed by their named GP to patients to encourage uptake of this service.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patient comment cards we reviewed confirmed patients found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Good



Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. We saw that Parliamentary and Health Services Ombudsman details were not included in letters responding to patient complaints. The practice told us they would address this.

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.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures, accessible to all staff, to govern activity and held regular governance meetings. At the time of our visit we saw that some policies had passed their date for review. The practice told us they would address this.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions and annual performance reviews. They were able to attend staff meetings and had access to training opportunities.
- The provider was aware of the requirements of the duty of candour. In five examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. The practice was a training practice, offering placements to trainee GPs. In addition medical students, nursing students and work experience students could be accommodated.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care. Quarterly palliative care meetings were held.
- The practice followed up on older patients discharged from hospital, liaised with district nurses, and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services, for example out of hours services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. The practice promoted the 'Southowram Over Fifties Association' (SOFA) which provided social activities and support for older people.
- Practice staff had received 'Dementia Friendly' training.

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 long term disease management and patients at risk of hospital admission were identified as a priority.
- 82% of patients with diabetes, on the register, had a cholesterol reading which was within normal limits recorded in the preceding 12 months compared to the CCG average of 81% and the national average of 80%.

Good



Summary of findings

- The practice provided a level three diabetic service in-house. This enabled those patients whose diabetes was stable, and controlled by insulin, to be monitored and treated in the practice. Support for this service was offered by diabetes specialist nurses from the CCG.
- Patients with long term conditions received ongoing monitoring and support as necessary. Additional support was provided if any deterioration in health occurred.
- All these patients had a named GP and there was a system to recall patients for 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.

- From discussion with staff we found there were systems 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.
- The practice hosted a weekly health visitor clinic. Informal liaison to support families occurred at this time. In addition monthly multidisciplinary meetings were held where families identified as having additional needs were discussed and care plans updated.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was open until 8pm on Monday to provide access to appointments outside normal working hours.

Good



Summary of findings

- A text messaging service was provided reminding patients of appointment times.
- 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. We saw that 568 patients (19% of the patient group) had registered for online access.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- A monthly search was run to identify vulnerable patients, and decisions were made in regard to any changes to their care and support which were required.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with other health care professionals in the case management of vulnerable patients.
- The practice provided information for vulnerable patients on accessing appropriate support groups and voluntary organisations.
- Staff we spoke with demonstrated they knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good



- The practice carried out advance care planning for patients living with dementia.
- The practice had participated in developing guidance for general practitioners in the local area, in relation to the death of patients who were subject to Deprivation of Liberty Safeguards (DOLS).
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average of 82% and the national average of 84%.

Summary of findings

- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 94% of patients with schizophrenia or other psychoses had a comprehensive care plan completed and agreed in the preceding 12 months which was higher than the CCG average of 90% and the national average of 89%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia. All staff had received 'Dementia Friends' training.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 9 July 2016. The results showed the practice was performing above local and national averages. A total of 253 survey forms were distributed and 110 were returned. This represented 43% of the surveyed population, and 4% of the practice list as a whole.

- 94% of patients described the overall experience of this GP practice as good compared with the CCG average of 87% and the national average of 85%.
- 89% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% 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 41 comment cards which were all positive about the standard of care received. Of the 41 cards, only one referred to experiences of not always being listened to, although this had not detracted from their overall positive experience of the service. Staff were described as 'caring' and 'professional'. Comments included being able to get appointments when needed; and described themselves as being treated with dignity and respect.

We were unable to speak with patients during the inspection. However we spoke with one member of the patient participation group (PPG) over the telephone before the inspection. They described the surgery staff as caring and responsive.

We saw details of the Friends and Family Test (FFT), and saw that between May 2016 and April 2017, 97% of 210 respondents 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

- Update practice policies in a timely way.
- Consider reviewing staff immunity to Measles, Mumps and Rubella (MMR) in line with Public Health England guidelines.
- Regularly review and update risk assessments in relation to emergency medicines held on site.
- Include Parliamentary and Health Services Ombudsman details when replying to patient complaints.

Southowram 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 Southowram Surgery

Southowram Surgery is situated at Law Lane, Southowram, Halifax HX3 9QB. There are currently 2,911 patients registered on the practice list. The practice provides Personal Medical Services (PMS) under a locally agreed contract with NHS England.

The Public Health National General Practice Profile shows the majority of the practice population to be of white British origin, with around 2% of the practice originating from mixed or Asian origin. The level of deprivation within the practice population group is rated as seven, on a scale of one to ten. Level one represents the highest level of deprivation, and level ten the lowest.

The age/sex profile of the practice is in line with national averages. The average life expectancy for patients at the practice is 78 years for men and 84 years for women; compared to the CCG averages of 77 and 82 years respectively; and the national averages of 79 and 83 years respectively.

58% of the practice population has a long standing health condition, compared to the CCG and national average of 53%; 68% of the population are in full or part time work compared to the CCG average of 61% and the national average of 63%.

The practice offers a range of enhanced services which include childhood vaccination and immunisation, influenza and pneumococcal immunisations, extended hours access and minor surgical procedures.

The practice has two GP partners, one male and one female. The clinical team is completed by a female practice nurse and female health care assistant (HCA). Supporting the clinical team is a practice manager and a range of reception and administrative staff.

The practice is open between 8.30am and 8pm on Monday, and between 8.30am and 6.30pm Tuesday to Friday. The practice is housed within single storey purpose built accommodation. There are a limited number of car parking spaces available on site; however on-street parking is also available. The premises are accessible to patients with limited mobility; or those patients who use a wheelchair.

Out of hours care is provided by Local Care Direct which is accessed by calling the surgery telephone number, or by calling the NHS111service.

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

Detailed findings

Before visiting the practice, we reviewed information we hold about the practice and asked other organisations and key stakeholders such as NHS England and Calderdale Clinical Commissioning Group (CCG) to share what they knew. We reviewed policies, procedures and other relevant information the practice manager provided. We also reviewed the latest published data from the Quality and Outcomes Framework (QOF) and national GP patient survey.

We carried out an announced visit on 9 May 2017. During our visit we:

- Spoke with a range of staff, including two GPs, the practice nurse, practice manager and two reception staff.
- In addition we spoke with one member of the patient participation group (PPG) over the telephone before the inspection day.
- We reviewed three questionnaires completed by non-clinical staff.
- We observed communication and interaction between staff and patients, both face to face and over the telephone.
- We reviewed an anonymised sample of the care or treatment records of patients
- We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living 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 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).
- From the sample of five documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We looked at a sample of recent alerts and saw that appropriate patient searches had been carried out; and any necessary action taken. The practice carried out an analysis of all individual significant events. We saw minutes from meetings to demonstrate this. At the time of our visit the practice did not have a system to identify themes and trends from significant events and complaints. The practice told us they would review their approach in this regard.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient had prescribed the incorrect hormone replacement therapy (HRT). When the error was discovered the treatment was changed for the individual concerned, and any necessary follow up steps were taken to ensure there were no side effects from this. In addition an audit was carried out on all patients prescribed HRT were affected.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff on the shared drive on the practice computer. We saw the practice specific safeguarding policy had passed its formal date for review, although the information contained within it was still relevant. We pointed this out to the practice who assured us this would be updated. 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. GPs were unable to attend safeguarding meetings in person; however they told us they liaised with the health visitor or provided written reports when required.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. The practice nurse was 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. There were cleaning schedules and monitoring systems in place.
- The recently appointed practice nurse was due to adopt the role of infection prevention and control (IPC) clinical lead. The practice manager had acted as non-clinical IPC lead in the absence of a clinical lead. The practice nurse had recently attended a local IPC update, and established links with the local IPC teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

- We saw that current recruitment processes did not include reviewing the immunisation status of non-clinical staff in relation to MMR and varicella (chicken pox). The practice told us they would review their processes 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).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. We looked at these, and saw that appropriate reviews and recall systems were in place. The practice carried out regular audits of repeat prescriptions which had not been collected, in order to ensure that patients received any essential medicines in a timely way, and that medical reviews were undertaken at appropriate intervals. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacist 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 to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply and administration of medicines to groups of patients who may not be individually identified before presentation for treatment. The health care assistant (HCA) was trained to administer vaccines and medicines and patient specific prescriptions (PSDs) or directions from a prescriber were produced appropriately. PSDs are written instructions, agreed by a doctor; dentist or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The practice had received input from an external organisation to assist with the development of health and safety policies and procedures, and appropriate risk assessments.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There was a designated fire marshal within the practice.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice carried out regular capacity and demand audits relating to appointment capacity. Additional appointments were made available during periods of higher demand, and staff allocated accordingly.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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. Emergency medicines stock did not have any medicine available for the emergency treatment of epileptic fits. A risk assessment had been undertaken in 2014 which demonstrated that a decision had been made not to carry this medicine due to the proximity of

Are services safe?

secondary care/access to emergency ambulance services. The practice told us they would review and formalise their risk assessment in relation to stock of emergency medicines held.

- All the medicines we checked were in date and stored securely.

- The practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 (2015/16) showed the practice had achieved 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The exception reporting rate was 8% compared to the CCG average of 9% and national average of 10%. Exception reporting is the removal of patients from QOF calculations where, for example, patients are unable to attend a review meeting, or where certain medicines cannot be prescribed due to side effects.

Data from 2015/16 showed:

- Performance for diabetes related indicators was higher than CCG and national averages. For example 100% of patients newly diagnosed with diabetes had been referred to a structured education programme within 9 months of diagnoses, in the preceding year, compared to the CCG average of 97% and the national average of 92%. Exception reporting rates were 10% compared to the CCG and national averages of 12% and 23% respectively.
- Performance for mental health related indicators was higher than CCG and national averages. For example

100% of patients with schizophrenia or other psychoses had a record of their alcohol consumption completed in the preceding 12 months compared to the CCG and national average of 90%. Exception reporting rates were 13% compared to the CCG and national averages of 12% and 10% respectively.

The practice performed above local and national averages across all QOF indicators, in some cases significantly so. For example 92% of patients with asthma had an asthma review completed in the preceding 12 months compared to the CCG average of 75% and the national average of 76%. Exception reporting rates for the practice were 4%, compared to the CCG and national average of 8%. 98% of patients with Chronic Obstructive Pulmonary Disease (COPD) had an assessment of breathlessness completed in the preceding 12 months compared to the CCG and national average of 90%. Exception reporting rates were 3% compared to the CCG and national averages of 10% and 12% respectively.

We saw that in 2016/17 the practice had achieved 99% of available points, although these figures were as yet unpublished and unverified.

There was evidence of quality improvement including clinical audit:

- There had been several clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included increasing the number of patients with chronic kidney disease who were prescribed statins. Patients with this condition are known to be at higher risk of cardiovascular disease. Recent NICE guidance recommended this course of treatment for this group of patients. Statins are a group of medicines that can help lower the level of cholesterol in the blood.

Information about patients' outcomes was used to make improvements such as improving monitoring arrangements for patients who were prescribed direct oral anticoagulants (DOACs). DOACs are a range of new

Are services effective?

(for example, treatment is effective)

medicines being prescribed to reduce blood clotting times in patients. DOACs do not require the same level of patient monitoring checks as more traditional anti-coagulants, such as Warfarin.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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, information governance and confidentiality. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and attendance at annual update sessions.
- 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, clinical supervision and facilitation and support for revalidating GPs. Nurse revalidation was supported through the CCG lead nurse. All staff had received, or had a date to receive 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.

- During our discussions with staff we found that 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.
- The practice had developed an in-house protocol for patients with a new diagnosis of cancer. It provided a pathway for care; and was used in conjunction with district nurses and palliative care nurses, to ensure that patients were regularly monitored; their needs reviewed, and appropriate co-ordinated packages of care provided in a timely way.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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. At the time of our inspection verbal consent was sought prior to insertion of long acting reversible contraceptives (LARCs). The practice

Are services effective?

(for example, treatment is effective)

told us they were reviewing their processes in this regard, with the intention of seeking written consent for these procedures, in line with their policy for other minor surgical procedures.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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. Smoking cessation services were available at the pharmacy adjacent to the practice. The local 'Better Living' service provided support for patients requiring support with weight management.

The practice's uptake for the cervical screening programme was 86%, which was in line with the CCG average of 85% and the national average of 81%. We saw evidence which showed that update of breast cancer screening for eligible females completed in the preceding three years was 74%, which was in line with the CCG average of 70% and the national average of 75%. Uptake of bowel cancer screening within the last 30 months was 64% which was higher than the CCG average of 60% and that national average of 58%.

The practice had adopted a system of sending personal letters to patients, signed by their GP; encouraging uptake of these screening tests. They provided evidence that this approach had increased uptake by 12%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 98% to 100% and five year olds from 93% to 100%. National averages are 91% and 88% respectively.

There was a policy to offer telephone or written 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. There were systems 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.

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

During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Appointments were available with male and female GPs. Patients' preferences were respected whenever possible.

All of the 41 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. One card referred to not always being listened to during consultations; however this had not detracted from their overall positive experience of the practice.

We spoke with one member of the patient participation group (PPG) over the telephone before the inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 in its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.

- 100% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 99% 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 83%.
- 91% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) and national average of 91%.
- 95% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 96% and the national average of 97%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared with the CCG and national average of 87%.

Care planning and involvement in decisions about care and treatment

Comment cards we received indicated that patients felt involved in decision making about the care and treatment they received. They also indicated 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. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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 mostly higher than local and national averages. For example:

Are services caring?

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 98% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

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

- Although the number of patients who did not have English as a first language was very low; staff told us that telephone interpretation services could be accessed if required
- Information could be printed in larger format for patients whose vision was impaired.
- A hearing loop was available on the premises.
- The practice acknowledged cultural and religious views of patients, and alerts were placed on their medical records where these affected medical care provided; for example patients whose religious beliefs precluded blood transfusions.

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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 medical conditions and further available support organisations was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services. The practice promoted the Southowram Over Fifties Association (SOFA), an organisation established to help combat loneliness and social isolation.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 31 patients as carers (1% of the practice list). Carers were offered an annual health check and seasonal influenza vaccination. They were signposted to the local voluntary Carers' Association for additional support. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, a condolence card was sent to their next of kin where appropriate. In addition they were contacted eight weeks after the bereavement; and an appointment was offered with the GP to discuss their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice carried out regular capacity and demand audits in relation to appointment access. A winter and summer protocol had been developed, with additional appointments made available during times of higher demand.
- One of the GPs had led on a practice access incentive scheme, This scheme aimed to ensure appointment availability was in line with patient list size. The practice had adopted this approach. We saw that both urgent and non urgent appointments were accessible with the patient's GP of choice. This scheme was being rolled out to all practices in the Calderdale Clinical Commissioning Group. This aimed to improve patient access to appointments in line with Royal College of General Practitioners guidelines.
- The practice demonstrated they had increased uptake of bowel screening by 12% in 2016 by sending a personal letter signed by their named GP to patients to encourage uptake of this service.
- The practice offered extended hours on a Monday evening until 8.00pm for working patients who could not attend during normal opening hours.
- 19% of their patient group (568 patients) had registered for online access.
- Electronic prescribing was available. We saw that 70% of prescriptions were issued electronically.
- 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.

- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop and telephone interpretation services.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they could understand and received appropriate support to help them to communicate.

Access to the service

The practice was open between 8.30am and 8pm on Monday, and between 8.30am and 6.30pm Tuesday to Friday. Appointments were from 8.30am to 12.30pm in the morning. Afternoon appointments were available between 3pm and 6pm Tuesday to Friday; and between 3pm and 7.50pm on Monday. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for patients that needed them.

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

- 85% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) and national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.
- 88% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG and national average of 85%.
- 100% of patients said their last appointment was convenient compared with the CCG and national average of 92%.
- 89% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 71% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

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

The practice had a system to assess:

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

The GP reviewed all requests for home visits and prioritised according to 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

The practice had a system for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England; although we saw that the letters sent to

patients following complaints did not contain details of the Parliamentary and Health Services Ombudsman. The practice told us they would review their processes in relation to this.

- 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 and on the website.

The practice had received three complaints in the last 12 months. We looked at these and found they were satisfactorily handled, and dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints. For example, a patient who anticipated arriving late for an appointment had been given incorrect information by a member of staff. As a result all staff were updated on appropriate ways of handling patients who arrived late for appointments, to ensure consistency of approach. At the time of our visit, due to the low number of complaints, the practice did not analyse trends and themes from complaints. However we saw that complaints were investigated thoroughly, and any necessary changes to prevent further recurrence were made, and learning shared with staff.

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.

- Staff we spoke with knew and understood the practice vision.
- The GP partners met on a quarterly basis to consider strategic plans for the practice.

Governance arrangements

The practice had developed several protocols and policies which supported the delivery of the strategy and good quality care. These outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs had lead roles in key areas, such as palliative care, safeguarding and patient access.
- Practice specific policies were implemented and were available to all staff on the practice intranet system. We saw that some policies, for example the safeguarding policy had passed its formal date for review. The practice told us they would address this.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. Multidisciplinary meetings, to include health visitors, district nurses and palliative care nurses were also held monthly.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meeting which showed that lessons were learned and shared following significant events and complaints. At the time of our visit, due to the relatively small number of significant events and complaints, the practice did not identify themes and trends from significant events and complaints.

Leadership and culture

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

The provider was aware of and had systems 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. From the sample of five documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted monthly multidisciplinary meetings including meetings with district nurses to monitor vulnerable patients. GPs, met with health visitors on a monthly basis to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were circulated to all staff following meetings.
- Staff said they felt respected, valued and supported by the partners and practice manager in the practice. Staff told us they felt involved in the running and development of the practice.

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

The practice encouraged and valued feedback from patients and staff. It sought feedback from:

Are services well-led?

Good 

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

- patients through the patient participation group (PPG) and through informal feedback and complaints received. The PPG met regularly, and worked with practice staff to bring about improvements to the service provided. For example, as a result of patient and PPG feedback an additional telephone line had been installed to improve telephone access for patients.
- the NHS Friends and Family test, complaints and compliments received.
- staff through staff meetings, appraisals and informal discussion. Staff told us they would feel confident to give feedback and discuss any concerns or issues with the GP partners and practice manager. They told us they felt proud to work at the practice.
- 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.
- One of the GPs had led on a practice access incentive scheme. This scheme aimed to ensure appointment availability was in line with patient list size. The practice had adopted this approach. We saw that both urgent and non urgent appointments were accessible with the patient's GP of choice. This scheme was being rolled out to all practices in the Calderdale Clinical Commissioning Group. This aimed to improve patient access to appointments in line with Royal College of General Practitioners guidelines.

Continuous improvement