

# Brig Royd 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?	Outstanding	
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 Brig Royd Surgery on 27 October 2015.

While overall the practice is rated as good for providing safe, effective, caring, and well led care for all the population groups it serves, we found the practice was outstanding in its responsiveness to the needs of its practice patient population. In particular we found that its care and responsiveness to the needs of patients who had mental health problems was also outstanding.

Our key findings were as follows:

- Patients said they found it easy to make an appointment with a preferred GP, there was continuity of care and urgent appointments were available the same day.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information about services and how to complain was available and easy to understand. Complaints were addressed in a timely manner and the practice endeavoured to resolve complaints to a satisfactory conclusion.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients.
- Risks to patients were assessed and well managed.
- The practice had a number of policies and procedures in place and held regular governance meetings.

# Summary of findings

We saw some areas of outstanding practice:

- The practice had developed an educational website which acted as a resource for their own practice as well as other practices in the area, nationally and internationally.
- The practice recognised that patients experiencing poor mental health may find it difficult to remember appointment times and dates, and therefore allowed this group of patients to attend as walk-in patients, regardless of the urgency of need.
- Patient survey results about the quality and access to the service were very positive and significantly better than other practices.
- The practice had an active patient reference group (PRG) and one of their initiatives had been about helping and underlining the importance of screening for patients. The PRG provided written information to help patients understand the significance of screening tests such as bowel cancer screening. Other initiatives are planned, for example, the development of a 'You Tube' video explaining the significance and use of spirometry equipment. Spirometry is a test used to diagnose and monitor certain lung conditions.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. There were enough staff to keep patients safe. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Lessons were learned and communicated to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were effective processes in place for safe medicines management.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. There was evidence of annual appraisals and staff had received training appropriate to their roles. We saw evidence of effective multidisciplinary team working

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed patients rated the practice higher than others for several aspects of their care. Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment. Care planning templates were being developed and their use extended for staff to use during consultation. Information to help patients understand the services was available and easy to understand. We saw staff treated patients with kindness, respect and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Calderdale Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a preferred GP, there was continuity of care and urgent appointments were readily available the same day. The practice had sought advice from Calderdale Disability Partnership in planning facilities and services for the practice. Feedback was sought from patients on a daily basis by use of a complaints/ comments book in the reception area as well as a comments box. A

Outstanding



# Summary of findings

separate list of appointments was made available each day for both morning and afternoon sessions to deal with urgent cases. Every day a GP and practice nurse acted as 'on call' to deal with urgent cases. Patients who were experiencing mental health difficulties were able to access non-urgent appointments on the day as it was recognised that this group of patients may find it difficult to remember appointment times and dates. Patients who had been identified as at a higher likelihood of failing to attend their appointment were given appointments at the end of the session to make more effective use of clinician's time. The practice told us they would endeavour to see any patient who arrived at the wrong time for their appointment, particularly if they were felt to be vulnerable.

Information about how to complain was available both in the practice and on the website. Learning from complaints was shared with staff. The practice had responded to several issues raised by the patient reference group (PRG) and other patient feedback.

## Are services well-led?

The practice is rated as good for being well-led. It had a vision and strategy and staff were clear about their roles and responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures in place and held regular practice meetings. There were systems in place to monitor and improve quality and identify risk. Staff received induction, regular performance reviews and attended staff meetings. The practice proactively sought feedback from patients and staff which it acted upon. There was an active patient reference group (PRG).

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. All patients over 75 years of age had a named GP and were offered an annual health check. The practice was responsive to the needs of older people, offering home visits and longer appointments. The practice worked closely with other health care professionals, such as the district nursing team and community matron to ensure housebound patients received the care they needed. Before we visited we sought feedback from the nursing home which had strong links with the practice and they told us they were very happy with the service provided by the practice to their residents

Good



### People with long term conditions

The practice is rated as good for the care of people with long term conditions. The practice had a nurse led approach to long term conditions, supported by the GPs. There were structured annual reviews in place to check the health and medication needs of patients were being met. Longer appointments and home visits were available when needed. Staff worked with relevant health and social care professionals to deliver a multidisciplinary package of care. For example patients could be referred to a single point of contact service where provision of aids and adaptations or assessment for social support was provided.

Good



### 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 who were subject to a safeguarding plan. The practice provided sexual health support and contraception, maternity services and childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. A private room for breastfeeding mothers and baby changing facilities were provided.

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 practice had extended hours, including pre-bookable late night appointments

Good



# Summary of findings

one day a week. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group. For example, smoking cessation services and cervical screening was provided.

## 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. It carried out annual health checks and offered longer appointments for people with a learning disability.

Staff knew how to recognise signs of abuse in vulnerable adults and children. 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.

Good



## People experiencing poor mental health (including people with dementia)

The practice is rated as outstanding for the care of people experiencing poor mental health, including people with dementia. Dementia screening tools were routinely used and referrals made to appropriate services as necessary. The practice offered annual health reviews, longer appointments and home visits as needed for patients experiencing poor mental health or dementia. The practice recognised that patients with certain mental health conditions might find it difficult to remember appointment times and dates and therefore allowed this group of patients to walk in and request an appointment when needed, on the day, regardless of the urgency of medical need. Quality Outcomes Framework ( QOF) data showed performance for mental health indicators was 100% which was higher than CCG and national averages which were 96.3% and 92.8% respectively.

Outstanding



# Summary of findings

## What people who use the service say

We spoke with nine patients including four members of the patient reference group (PRG) on the day of our visit. We also spoke by telephone with one patient who acted as a carer.

We received 42 CQC comment cards which patients had used to record their experience of the service they received from the practice. All of the cards contained positive comments, describing the GPs and staff as caring and efficient. The members of the PRG told us the practice listened to their feedback and acted on concerns and issues they raised.

We looked at the National Patient Survey (July 2015), which had sent out 256 surveys and received 111 responses. This represents a 43.4% response rate from those surveyed and 1.1% of the practice population. All the responses noted below rated this practice higher than other practices located within Calderdale Clinical Commissioning Group (CCG) and nationally:

- 95% said the last GP they saw or spoke to was good at giving them enough time compared with the CCG average of 88% and national average of 87%
- 94% said the last nurse they saw or spoke to was good at explaining tests and treatments compared with the CCG and national average of 90%
- 93% described their experience of making an appointment as good compared with the CCG and national average of 73%
- 87% said they usually waited 15 minutes or less after their appointment time compared with the CCG average of 70% and national average of 65%
- 99% said the last appointment they got was convenient compared with the CCG and national average of 92%

## Outstanding practice

- The practice had developed an educational website which acted as a resource for their own practice as well as other practices in the area, nationally and internationally.
- The practice recognised that patients experiencing poor mental health may find it difficult to remember appointment times and dates, and therefore allowed this group of patients to attend as walk-in patients, regardless of the urgency of need.
- Patient survey results about the quality and access to the service were very positive and significantly better than other practices.
- The practice had an active patient reference group (PRG) and one of their initiatives had been about helping and underlining the importance of screening for patients. The PRG provided written information to help patients understand the significance of screening tests such as bowel cancer screening. Other initiatives are planned, for example, the development of a 'You Tube' video explaining the significance and use of spirometry equipment. Spirometry is a test used to diagnose and monitor certain lung conditions.

# Brig Royd Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor a practice manager specialist advisor a second CQC inspector and an Expert by Experience. Experts by experience are independent individuals who have experience of using GP services.

## Background to Brig Royd Surgery

Brig Royd Surgery is located in Ripponden, Calderdale.

The practice is based in a modern purpose built health centre. They have 9841 patients almost all of whom are white British. The practice provides General Medical Services (GMS) under a contract with NHS England. They offer a range of extended services such as extended hours access to appointments and childhood immunisations.

The practice has eight GP partners, four of whom are female and four male. At the time of our inspection the medical team was augmented by three GP registrars, all of whom were female There are six practice nurses, five female and one male and two health care assistants.. The clinical team is supported by a practice manager, reception manager, IT manager and a team of administrative and reception staff.

The practice catchment area is classed as being within the group of the less deprived areas in England. The age profile of the practice shows a higher than average percentage of those patients within the 40-59 year age group.

The practice is open between 8am and 6.30pm Tuesday to Friday and between 8am and 9pm on Monday.

Appointments after 6.30pm are with a GP by appointment only.

Diabetes, asthma, well woman, immunisation and baby clinics run every week Smoking cessation services are provided in-house by practice nurses and health care assistants, with GP support. Alcohol services and weight management support are provided by CCG wide services and are provided off site by referral from clinicians. Out of hours care is provided by Local Care Direct and is accessed via the surgery telephone number or by calling the NHS 111 service.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

Please note 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 CQC at that time.

## How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations,

# Detailed findings

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 before we visited the practice. We also reviewed the latest data from the Quality and Outcomes Framework (QOF) and national patient survey. In addition we requested feedback from the residential care home where the patients reside who are registered with the practice.

We carried out an announced inspection at Brig Royd Surgery on 27 October 2015. During our visit we spoke with a range of staff including five GPs, one GP registrar, three reception/administrative staff, the pharmacist who works with the practice, the practice manager, the community matron attached to the practice, one practice nurse and one health care assistant. We also spoke with nine patients in person, four of whom were members of the PRG and reviewed 42 comment cards. We also spoke with one patient by telephone. This person also acted as a carer for a family member.

We observed communication and interactions between staff and patients and took note of the information available to patients in the waiting area.

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 are provided for specific groups of people and what good care looks 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)

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. These included reported incidents, national patient safety alerts, clinical audits, comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses.

We reviewed safety records, incident reports and saw evidence in minutes of clinical meetings where these were discussed. This showed the practice had managed these consistently and could demonstrate a safe track record over the long term.

Safety was monitored using information from a range of sources including National Institute for Health and Care Excellence (NICE). This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice had defined and embedded systems, processes and practices in place to keep people safe which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected current legislation and local requirements, and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. GPs and nurses had been trained to level 3. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room advising patients that a chaperone was available if requested. Chaperone duties were carried out by nurses or health care assistants all of whom had received appropriate training for the role, and had received a disclosure and barring check (DBS). 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.
- There were procedures in place for monitoring and managing risks to patients and staff. There was a health and safety policy available. All staff had received up to date fire training and an annual fire evacuation drill was performed. 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 risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH)
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice nurse was the designated infection prevention and control (IPC) lead. All staff received quarterly infection prevention and control updates. The practice had a current Legionella risk assessment. There was an IPC protocol in place and infection prevention and control audits were undertaken annually. We saw evidence that action had been taken to implement any improvements identified during the audit, for example guidance had been given to clinicians to ensure that sharps bins were closed at the end of each session to avoid the risk of spillage of their contents. During our inspection we noted that three of the sharps bins in use at the time were not dated and signed as necessary. We pointed this out to the practice and the matter was immediately addressed and we were assured that processes would be put in place to ensure that all sharps bins were dated and signed on all occasions. A separate room was available adjacent to the reception area where suspected infectious disease cases could be isolated to allow for full medical assessment.
- There were arrangements in place for managing medicines, such as emergency drugs and vaccinations. We saw records to confirm this, with included expiry date checks and vaccine refrigerator temperature readings. Prescription security could be improved by keeping a log of serial numbers of blank prescriptions, and a record kept of when prescriptions were taken to be used in printers. Regular medicines audits were carried out with the support of the pharmacist employed by the practice to ensure the practice was prescribing in line with best practice guidelines for safe and cost effective prescribing
- Appropriate recruitment checks were carried out. The four files we sampled showed that appropriate checks had been undertaken prior to employment, for example proof of identification, qualifications, registration with

## Are services safe?

the relevant professional body and appropriate checks with the disclosure and barring (DBS) service. 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

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. The GPs used a buddy system to ensure adequate cover and other staff groups arranged their working hours to ensure cover was provided. All blood test results, hospital letters and out of hours (OOH) information was reviewed daily by the GPs. Practice nurse staffing levels had recently been reduced due to sickness but cover had been provided by existing staff increasing their hours and another practice nurse had been recruited to the practice as an interim measure. Staff told us they felt the staffing levels were sufficient to provide a good service to patients

### **Arrangements to deal with emergencies and major incidents**

There was an instant messaging option on the computers in all the consultation and treatment rooms as well as a panic button fitted under the desk in consulting rooms, which alerted staff to any emergency. All staff received annual basic life support training which was delivered in-house by one of the GPs. The practice had a defibrillator on the premises which was owned and maintained by Yorkshire Ambulance Service. This was used in Community Responder duties in the local area undertaken by one of the partners. Oxygen was available on the premises, with adult and children's masks. Emergency medicines were accessible to staff in a secure area of the practice and all staff we spoke with knew of their location. All the medicines we checked were in date and fit for use. All staff had up to date fire training and an annual fire evacuation drill was carried out.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with National Institute for Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinicians were kept up to date. Practice staff could access NICE guidelines through the practice 'Oracle' system and used this information to develop how care and treatment was delivered to meet needs. For example NICE guidelines for patients with diabetes. The practice monitored that these guidelines were followed through the use of risk assessments, audits and random sample checks of patient records. Many clinical templates were on the electronic patient record to help clinicians use appropriate guidelines and protocols. There was a weekly practice meeting as well as a daily GP meeting which were used to discuss clinical protocols and guidelines and updates were disseminated in this way.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice by means of financial incentives. Information collected for the QOF and performance against national screening programmes was used to monitor outcomes for patients. Current results were 97.8% of the total number of points available. The exception reporting rate was 5.5% which was 1.7 points below CCG average and 2.4 points below national average. Exception reporting rates allows for patients who do not attend for reviews or where certain medicines cannot be prescribed due to a side effect to be excluded from the figures collected for QOF.

Staff across the practice had key roles in how they monitored and improved outcomes for patients. These roles included data input, scheduling clinical reviews and medicines management. The information staff collected was then collated to support the practice to carry out clinical audits and other improvements to the service.

. The QOF data for 2014/15 showed:

- Performance for diabetes related indicators was 92% which was 1% below the CCG average and 2% above the national average

- The percentage of patients with hypertension (high blood pressure) having regular blood pressure checks was 95% which was slightly lower than CCG and national averages
- Performance for mental health related indicators was 100% which was above the CCG and national averages

The GPs told us some of their special clinical lead interests included emergency medicine, women's health, diabetes and chronic disease management.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and outcomes for patients. Several clinical audits were seen which had been done in the preceding 12 months. We were able to review five completed audits where the improvements made were checked and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to streamline services. For example a recent audit on patients using inhalers led to a re-evaluation of treatment choices, resulting in more appropriate inhalers being used by patients to manage their condition.

### Effective staffing

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

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff, covering such topics as health and safety procedures, information governance and confidentiality
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. A pre-appraisal self-assessment tool was in use which enabled staff to evaluate past performance and identify future training and performance needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included clinical support when needed as part of their work, one to one meetings, appraisals and support for the revalidation of doctors. Every GP is appraised annually and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council (GMC) can the GP continue to practise and remain on the performers list with NHS England.

# Are services effective?

## (for example, treatment is effective)

- Staff received training which included safeguarding, basic life support and information governance awareness. Staff had access to and made use of training modules in-house as well as external training opportunities facilitated by the CCG.
- All nursing staff had current valid registration with the Nursing and Midwifery Council (NMC). Nurse registration is updated annually and each nurse must demonstrate their ongoing learning and development to maintain their place on the register.

### 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 computer record system. This included care and risk assessments, some care planning templates, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together as a team and with other health and social care services to analyse and meet the needs of patients with more complex needs, to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred or after admission or discharge from hospital. The practice held a weekly palliative care meeting which included district nurses, community matron and palliative care nurses. This meeting ensured that all relevant professionals were kept up to date with treatment and care planning for this group of patients. In addition a monthly multidisciplinary (MDT) meeting was held to ensure continuity of care for patients and information sharing amongst professionals. We saw minutes of meetings with identified other health professionals who attended these meetings for example the community matron and health visitors.

One of the GPs was a member of the Local Medical Committee (LMC) and acted as GP representative on the Yorkshire and Humberside NHS Senate. He attended locality CCG meetings and confederation meetings on behalf of the practice. He also acted as a British Association for Immediate Care (BASICS) doctor for Yorkshire Air Ambulance and Yorkshire Ambulance Trust.

### Consent to care and treatment

Patients' consent to care and treatment was always sought 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 under 16 years of age assessments of capacity to consent were also carried out in line with relevant guidance such as Gillick competency. These are used in medical law to decide whether a child is able to consent to his or her own medical treatment without the need for parental consent or knowledge. Staff were able to give clear examples of occasions when a patient's mental capacity to consent to care or treatment was unclear how the GP or nurse assessed the patient's capacity and where appropriate recorded the outcome of the assessment.

Consent was always detailed on patient record and for some procedures for example minor surgery written consent was obtained and scanned onto the patient record.

### Health promotion and prevention

Patients who were in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking or alcohol intake. The practice nurse and health care assistant were trained in smoking cessation. They were able to demonstrate a 52% success rate in their smoking cessation interventions. The practice had identified that a significant number of their patients were consuming more than the safe levels of alcohol and were able to signpost patients for support with this to a CCG wide alcohol support service.

One of the GPs offered acupuncture as a supplementary therapy and was able to treat certain conditions such as migraine, musculoskeletal conditions and vomiting during pregnancy.

The practice had a comprehensive screening programme. Their uptake for cervical screening was 91% which was higher than the national average of 82%. Patients who did not attend for cervical screening appointments were followed up and another appointment offered. The practice also encouraged patients to attend national screening programmes for bowel, prostate and breast cancer screening.

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

Childhood immunisation rates were comparable to or higher than CCG and national averages. For example immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 94% to 99%. Flu vaccination rates for the over 65s were 75% slightly higher than the national average, and at risk groups were 56% slightly higher than the national average.

Patients had access to appropriate health assessments and checks. These included checks for new patients when indicated and for people aged 40-74. Appropriate follow

ups on the outcomes of health assessments were made where risk factors or abnormalities were identified. All patients over 75 years had a named GP and were offered an annual health check which included a medications review.

There was evidence of health promotion literature available in the reception area and practice leaflet. The practice website provided health promotion and prevention advice and had links to various other health websites, for example NHS Choices and NHS 111.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at reception. Incoming calls from patients were taken in an upstairs office away from the reception area to maintain patient confidentiality. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted consultation and treatment rooms were closed and/or locked during patient consultations and that conversations taking place in these rooms could not be overheard. Chaperones were offered when any intimate procedure was to be carried out, and it was recorded on the system when the patient declined a chaperone. If a chaperone was present, their name was recorded on the patient record.

On the day of our inspection we spoke with nine patients, four of whom were members of the patient reference group (PRG). We spoke with one patient, who was also a carer, by telephone. We also reviewed 42 comment cards completed by patients prior to our visit. They all told us they felt the practice offered an excellent service and staff were described as helpful and caring, and that they felt they were treated with dignity and respect. Reception staff would offer a private room when patients wished to discuss sensitive issues or appeared distressed. Ninety three percent of respondents to the national GP patient survey found receptionists at the practice helpful compared with a CCG average of 86% and a national average of 87%.

The practice had a system of alerting clinicians if a patient was also a carer. Written information was available for carers by means of a comprehensive 'carers pack' to ensure they understood the various support options available to them. We saw posters in the waiting area detailing information for carers.

Staff told us if families had experienced a bereavement the practice would make contact and offer further support or a consultation. When patients were approaching the end of their life families were provided with the private mobile number of the GP so that they could be contacted at any time if medical support was needed.

Results from the national GP patient survey showed patients were happy with how they were treated and this

was with compassion, dignity and respect. The practice consistently scored above the CCG and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 97% said the GP was good at listening to them compared with the CCG and national average of 89%
- 95% said the GP gave them enough time compared with the CCG average of 88% and national average of 87%
- 99% had confidence and trust in the last GP they saw or spoke to compared with the CCG and national average of 95%
- 95% said the GP was good at treating them with care and concern compared with the CCG average of 87% and national average of 85%
- 95% said the last nurse they saw or spoke to was good at treating them with care and concern compared with the CCG average of 91% and national average of 90%
- 93% said they found the receptionists at the surgery helpful compared with the CCG average of 86% and national average of 87%

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

Patients we spoke with on the day of the inspection told us health issues were discussed with them and 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 they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were higher than local and national averages. For example:

- 96% said the GP was good at explaining tests and treatments compared with the CCG and national average of 86%
- 94% said the GP was good at involving them in decisions about their care compared with the CCG average of 83% and national average of 82%

### Patient/carers support to cope emotionally with care and treatment

## Are services caring?

Patients we spoke with on the day of our inspection told us health issues and treatments were discussed with them and they felt listened to. They felt involved in the decisions made about the care they received and the choice of treatments available to them.

Data from the July 2015 national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. This was higher than local and national averages. For example:

- 96% said the GP was good at explaining tests and treatments compared with the CCG and national average of 86%
- 94% said the GP was good at involving them in decisions about their care compared with the CCG average of 83% and national average of 81%



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice told us they engaged regularly with Calderdale Clinical Commissioning Group (CCG) and other agencies to discuss the needs of patients and service improvements.

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

Calderdale Disability Partnership had carried out an assessment of the premises and the practice had acted upon advice offered for example by providing a British Sign Language chart to assist with communication for hearing impaired patients. A hearing loop was also available for patient with hearing impairment. The practice had good access and provided facilities for patients with mobility problems or who used a wheelchair. All the consulting rooms were situated on the ground floor.

The practice had an active patient reference group ( PRG) which, along with other patient feedback, had raised several issues in relation to patient experience resulting in changes being made, for example the positioning of the seating within the waiting area had been changed to improve confidentiality for patients approaching the reception area. In addition written information had been developed to help patients understand the significance of screening tests such as bowel cancer screening. Further initiatives were planned, for example the development of a 'You Tube' video explaining the significance and use of spirometry equipment. Spirometry is a test used to diagnose and monitor certain lung conditions.

Large font print leaflets were available for patients with visual impairment. Only a small number of patients did not have English as a first language, but staff could access telephone interpreter services if needed.

Double appointments were available if needed and home visits were available to housebound patients. Patients with mental health conditions were able to present at the practice or telephone for an appointment on the day regardless of whether or not the matter was urgent. In addition the practice endeavoured to accommodate any patient who presented at the wrong time for their booked

appointment. The practice maintained a register of patients who had a learning disability, a long term condition or who required palliative care. These patients were discussed at the weekly clinical and monthly multidisciplinary meetings to ensure practitioners responded appropriately to the care needs of those patients.

### Access to the service

The practice was open Tuesday to Friday from 8am to 6.30pm with a late night opening on Monday until 9pm for pre-booked appointments. Out of hours calls were dealt with by the NHS111 service under an agreement with Local Care Direct. Information regarding practice opening times and how to make an appointment as available on the practice website and in the practice leaflet.

Pre-bookable appointments could be made up to six weeks in advance either in person, by telephone or online. A full separate list of urgent appointment slots were available every day for both morning and afternoon sessions to ensure that any patient presenting with a need for urgent medical attention could be assured of an appointment. The practice had a policy of automatically offering urgent appointments to those patients who requested them without the need for triage. Every day a GP and a practice nurse acted as 'on call' to deal with urgent patient need. The practice managed their appointment system well. For example where patients had been identified as higher likelihood of failing to attend for their appointment they were given appointment slots at the end of the session to ensure more effective use of clinicians' time.

Results from the national GP patient survey showed patient satisfaction with how they could access care and treatment was higher than CCG and national averages. People we spoke with on the day told us they were able to get appointments when they needed them. For example:

- 86% of patients were satisfied with the practice's opening hours compared with the CCG average of 74% and national average of 75%
- 100% of patients said they could get easily through to the surgery by phone compared with the CCG average of 74% and national average of 73%



# Are services responsive to people's needs?

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- 93% of patients described their experience of making an appointment as good compared with the CCG and national average of 73%
- 87% of patients said they usually waited 15 minutes or less after their appointment time compared with the CCG average of 70% and national average of 65%

## Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw information was available to help patients understand the complaints system both in the reception

area, and on the website. Patients we spoke with were aware of the process to follow if they wished to make a complaint, although all of them said they had not needed to make a complaint.

A comments/complaints book was situated within the waiting area to receive patient feedback as well as a comments box. Staff actively encouraged patients to complete feedback forms following each consultation which were reviewed and appraised during staff meetings

We looked at four complaints received in the last 12 months and found they were satisfactorily handled, an explanation and apology was offered. We noted the Parliamentary Health Service Ombudsman details were included in the complaint response letters.

Lessons were learnt from concerns and complaints and action taken as a result to improve the quality of care. Lessons learnt were shared with staff at an annual meeting where complaints and significant events were reviewed.

# 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. Our discussions with staff indicated the vision and values were embedded within the culture of the practice and patient care was a priority. A poster detailing the practice Vision and Values was displayed in the waiting area. Staff spoke enthusiastically about working at the practice; they said they felt part of a team and that they were valued and respected. They told us their role was to give everyone the care and respect they would wish for themselves.

The practice held regular staff social events which were popular and well attended and contributed to the cohesiveness of the team.

The practice had an established system of regular meetings which contributed to the sharing of vision and values. The patient comments we heard and read on the day aligned with this view.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies and protocols were developed and implemented and were available to all staff
- All staff were supported to undertake continuing professional development, including GPs with regard to their appraisal and revalidation requirements
- There was a system of reporting incidents and near misses which staff could use without fear of recrimination and whereby learning from outcomes of incidents and near misses took place
- There was a system of continuous audit cycles which could demonstrate improvements in patient outcomes

- Embedded arrangements for regular staff meetings existed which allowed for clear methods of communication with practice staff and other health professionals, and facilitated dissemination of best practice guidelines
- Patient feedback was proactively sought and acted upon. For example the practice had developed written information leaflets explaining the significance of certain screening procedures such as bowel cancer screening

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality, compassionate and individualised care. The partners were visible in the practice and staff told us they were approachable and encouraged a culture of openness and honesty. The practice manager worked alongside the partners to provide leadership and direction to the staff.

Staff told us the regular team meetings enabled them to raise any issues or concerns they had and that they felt confident in doing so, and that their views and experiences would be listened to.

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

The practice gave high priority on gaining feedback from patients. It sought proactively to gain patient feedback and engaged patients in the delivery and planning of services.

The PRG was active within the practice and their views and opinions were respected by the partners and staff. Efforts were being made to attract younger members of the PRG and a local school was to be approached in order to raise awareness of the PRG within the younger age group of patients.

The practice sought patient feedback through the use of a complaints and compliments book placed in the reception area, as well as a comments box. The practice participated in the NHS Friends and Family Test and encouraged patients to complete the questionnaire.

Feedback from patients had been acted upon by for example re-positioning the seats within the waiting area to maintain confidentiality for patients approaching the reception area.

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The partners also gathered feedback from staff both formally and informally through staff meetings, appraisals and discussion.

## **Innovation**

The practice was striving to innovate and improve outcomes for patients and had developed some bespoke

systems to facilitate this. For instance, the practice had developed an educational website had been developed by one of the partners. This was used widely both by the practice and by other practices locally, nationally and internationally.