

# North Street Medical Centre

## Quality Report

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

## Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Outstanding practice	10

### Detailed findings from this inspection

Our inspection team	11
Background to North Street Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at North Street Medical Centre on 2 and 8 August 2016. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

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

- The ethos and culture of the practice was to provide good quality service and care to patients.
- Patients told us they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment
- Patients' needs were assessed and care was planned and delivered following best practice guidance.A
- The practice had good facilities and was well equipped to treat and meet the needs of patients. Information regarding the services provided by the practice and how to make a complaint was readily available for patients.
- The practice of, and complied 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.)
- The partners a culture of openness and honesty which was reflected in their approach to safety.
- Risks to patients were assessed and well managed.
- There were comprehensive safeguarding systems in place; particularly around vulnerable children and adults.
- The practice sought patient views how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and the
- There was a clear leadership structure.
- The practice partners were forward thinking, aware of future challenges to the practice and were open to innovative practice.

We saw one area of outstanding practice

# Summary of findings

As a result of data showing that the practice had high numbers of patients attending the Accident and Emergency (A & E) department at Airedale General Hospital for musculo-skeletal problems, such as back

pain, the surgery introduced a self-referral physiotherapy clinic to its patients. As a result of this service the attendance of its patients to A & E for musculo-skeletal problems had reduced by 74%.

**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.

- Risks to patients were assessed and well managed
- There were systems in place for reporting and recording significant events and a nominated lead who dealt with them overall. Lessons were shared to ensure action was taken to improve safety in the practice. All staff were encouraged and supported to record any incidents using the electronic reporting system.
- There was a nominated lead for safeguarding children and safeguarding adults. Comprehensive systems were in place to keep patients and staff safeguarded from abuse.
- There were processes in place for safe medicines management. The practice had support from the Airedale Wharfedale and Craven Clinical Commissioning Group medicines management team.
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose.
- There was a nominated lead for infection prevention and control.
- The partners, advanced nurse practitioner and patient services manager had weekly meetings where they discussed any performance, management issues, significant.
- The practice had been proactive in the recruitment of staff, but this had proved difficult and the practice was heavily reliant on locum GPs, many of whom provided regular sessions supporting continuity of care.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the need of patients and delivered care in line with current evidence based guidance.
- The practice used a recognised tool to identify patients who were considered to be at risk of admission to hospital.
- Regular clinical meetings and discussions were held between the GPs and nursing staff to discuss patient care and complex cases
- Staff worked with other health and social care professionals, to meet the range and complexity of people's needs.

Good



# Summary of findings

- End of life care was delivered in a coordinated way.
- Audits were undertaken and could demonstrate quality improvement.
- Data from the Quality and Outcomes Framework showed patient outcomes were both local and national figures.
- There was evidence of appraisals and personal development plans for all staff.
- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care.

## Are services caring?

The practice is rated as good for providing caring services.

- The practice had a strong patient-centred culture and we observed that staff treated patients with kindness, dignity, respect and compassion.
- Data from the National GP patient survey showed that patients rated the practice below average for many questions regarding how they were treated compared to other local practices. However, the survey related to the previous service provider and patients we spoke with and comments we received were all positive about the care and service the practice provided. They told us they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services was available was easy to understand and accessible.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked with Clinical Commissioning Group (CCG) and other local practices to review the needs of their population.
- The practice offered pre-bookable, same day and online appointments. They also provided telephone consultations and text messaging reminders.
- Home visits and longer appointments were available for patients who were deemed to need them, for example housebound patients or those with complex conditions.
- The practice had adequate facilities in old buildings and was well equipped to treat patients and meet their needs.
- The practice had a self-referral physiotherapy clinic which reduced the number of attendances by its patients to A & E for musculo-skeletal problems by 74%

Good



# Summary of findings

- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions, including people with dementia or a condition other than cancer

## Are services well-led?

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

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were safe and effective governance arrangements in place. These included the identification of risk and policies and systems to minimise risk.
- The provider had a good understanding of, and complied with, the requirements of the duty of candour. There were systems in place for reporting notifiable safety incidents and sharing information with staff to ensure appropriate action was taken.
- The partners promoted a culture of openness and honesty and had a comprehensive 'being open' policy in place.
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.
- Staff informed us they felt very supported by the practice partners and practice management.
- All staff had access to policies and procedures via the computer system.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice provided proactive, responsive and person-centred care to meet the needs of the older people in its population.
- The practice worked closely with other health and social care professionals, such as the district nursing and local neighbourhood teams, to ensure housebound patients received the care and support they needed.
- The practice participated in Airedale Wharfedale and Craven Clinical Commissioning Group (CCG) initiatives to reduce the rate of acute admission to hospital.
- Patients who were considered to be at risk of frailty were identified and support offered as appropriate.
- Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission and patients were reviewed as needed.
- Health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.
- Patients were signposted to other local services for access to additional support, particularly for those who were isolated or lonely.

Good



### People with long term conditions

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

- The GPs and advanced nurse practitioners (ANPs) had lead to check patients' health care and treatment needs were being met.
- The practice maintained a register of patients who were a high risk of an unplanned hospital admission. Care plans and support was in place for these patients.
- The practice identified those patients who had complex needs and life limiting conditions and ensured they were on the palliative care register.

Good



### Families, children and young people

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

Good



# Summary of findings

- The practice worked with midwives, health visitors and school nurses to support the needs of this population group. For example, the provision of ante-natal, post-natal and child health surveillance clinics.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk
- Patients told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Immunisation rates were with the CCG and national rates for all standard childhood immunisations
- Sexual health, contraceptive and cervical screening services were provided at the practice.
- 73% of eligible patients had received cervical screening (CCG 79% and national average 77%).
- Appointments were available with both male and female GPs.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of these patients 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 provided extended hours appointments two evening per week, telephone consultations, online booking of appointments and ordering of prescriptions.
- The practice offered a range of health promotion and screening that reflected the needs for this age group.
- Health checks were offered to patients aged between 40 and 74 who had not seen a GP in the last three years.
- Students were offered public health recommended vaccinations prior to attending university.
- Travel health advice and vaccination were available.

Good



## **People whose circumstances may make them vulnerable**

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

- Staff knew how to recognise signs of abuse in 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



# Summary of findings

- The practice could evidence the number of children who were on a child protection plan (this is a plan which identifies how health and social care professionals will help to keep a child safe).
- Patients who had a learning disability received an annual review of their health needs and a care plan was put in place. Carers of these patients were also encouraged to attend, were offered a health review and signposted to other services as needed.
- We saw there was information available on how patients could access various local support groups and voluntary organisations.
- The practice had high numbers of non-English speaking patients who required translation services. The practice had translators on site every day and a number of clinical and administrative staff were multi-lingual.

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

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

- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team.
- Patients and/or their carer were given information on how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs or dementia.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey distributed 369 survey forms of which 59 were returned. This was a response rate of 16% which represented less than 1% of the practice patient list. The results published in January 2016 showed the practice was performing below local CCG and national averages. However the survey results relate to a period when the practice was managed by the previous service provider. For example:

- 40% of respondents described their overall experience of the practice as fairly or very good (CCG and national 85%)
- 24% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG 79%, national 78%)
- 25% of respondents described their experience of making an appointment as good (CCG and national 73%)
- 49% of respondents said they found the receptionists at the practice helpful (CCG 85%, national 87%)
- 68% of respondents said they had confidence and trust in the last GP they saw or spoke to (CCG 96%, and national 95%)
- 82% of respondents said they had confidence and trust in the last nurse they saw or spoke to (CCG and national 97%)

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received 16 comment cards, all of which were positive, many using the words 'very good' and 'excellent' to describe the service and care they had received. Several of the comments praised individual members of staff. One comment card reflected the difficulty in obtaining appointments.

During the inspection we spoke with six patients and members of the patient participation group. Comments received from them were very positive and they had high praise for the practice and staff. All agreed they were happy with the care they received from any of the clinicians. One of the patients we spoke to told us it was sometimes difficult to get an appointment by telephone, but could always get one if patients were prepared to attend in person before 8am.

In order to understand and address the poor results from the previous patient survey results the practice had audited care delivered by locum doctors at the practice and addressed the issues identified with individuals. Some of the doctors no longer provide care at the practice. Telephone calls for appointments were no longer taken at main reception but managed from a bespoke room to ensure privacy and telephones could be answered timely. Staff had undertaken additional customer services training.

## Outstanding practice

- As a result of data showing that the practice had high numbers of patients attending the Accident and Emergency (A & E) department at Airedale General Hospital for musculo-skeletal problems, such as

back pain, the surgery introduced a self-referral physiotherapy clinic to its patients. As a result of this service the attendance of its patients to A & E for musculo-skeletal problems had reduced by 74%.

# North Street Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team comprised of a CQC Lead Inspector, a GP specialist advisor, and a practice nurse specialist advisor.

## Background to North Street Medical Centre

North Street Medical Centre is a member of the Airedale Wharfedale and Craven Clinical Commissioning Group (CCG). Alternative Personal Medical Services (APMS) are provided under a contract with NHS England. They also offer a range of enhanced services, which include:

- Childhood vaccination and immunisations
- The provision of influenza and pneumococcal immunisations
- Facilitating timely diagnosis and support for patient with dementia
- Extended hours access
- Improving online access

North Street Medical Centre is located in the northern aspect of Keighley, which is West Yorkshire town close to Bradford. The practice operates a branch surgery in nearby Vale Street. The majority of patients live within a mile of the surgery or branch. The practice is located in the 10% of most deprived localities in England.

The North Street practice at 151 North Street Keighley, BD21 3AU, is situated in converted old residential building. There are access facilities for people with disabilities,

including a lift. There is a small car park facility on site with designated disabled bays. The Branch surgery at 8 Vale Street, Keighley BD21 4DA, is also located in a converted old house where patient facilities are all located on the ground floor and the main entrance has a sloped footpath enabling disabled access. There is street parking available.

The practice has a patient list size of 6700 which is made up of 98% Asian population (mainly Pakistani) 1% eastern European, and 1% white British, with an almost 50:50 ratio of male and female patients.

There are six GP's who routinely worked at the practice (three male and three female). There were two advanced nurse practitioner (both female) and two nurses. There is a patient services manager and a team of administration and reception staff. Reception staff and clinical staff are able to speak several languages appropriate to the local population.

The practice is open between 8am to 6.30pm Monday and Friday, with extended to 7.30pm on Tuesday and Wednesdays. When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

The practice has good working relationships with local health, social and third sector services to support provision of care for its patients. (The third sector includes a very diverse range of organisations including voluntary, community, tenants' and residents' groups.)

We were informed of the challenges the practice had undergone over recent years which were underpinned by the difficulty in recruitment of GP's and a change in provider organisation of the practice on 1 December 2015.

# Detailed findings

## 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 and inspection programme. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Airedale Wharfedale and Craven CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (January 2016). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 2 and 8 August 2016. During our visit we:

- Spoke with a range of staff, which included
- Spoke with patients
- Reviewed comment cards where patients and members of the public shared their views.
- Observed

- Spoke with members of the patient participation group (PPG), who informed us how well the practice engaged with them.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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)

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 comprehensive system in place for reporting, recording and investigating significant events.

- The partners promoted a culture of openness, transparency and honesty and we saw there was a comprehensive 'being open' policy in place.
- Staff told us they would inform the practice manager of any incidents and complete the electronic tasking and incident recording form. The practice was also aware of their wider duty to report incidents to external bodies such as Airedale Wharfedale and Craven CCG and NHS England. This included the recording and reporting of notifiable incidents under the duty of candour.
- When there were unintended or unexpected safety incidents, we were informed patients received reasonable support, truthful information, and a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence the practice carried out a thorough analysis of significant events. We saw several examples where the practice had changed or developed systems arising from the learning of significant events, such as following a weekend of refurbishment workmen unplugged the computer server leaving no computer or telephone lines at the surgery. The practice applied stickers to the server plug to warn that it must not be unplugged, and a changed the socket used to reduce the ease and chance of it being plugged.
- All significant events relating to medicines were monitored by the local CCG medicines management team. Any concerns/issues were then fed back to the practice to act upon.
- All safety alerts were cascaded to staff, discussed at practice meetings and actioned as appropriate

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children

and vulnerable adults from abuse. Policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. acted in the capacity of safeguarding lead and had been trained to the

- Staff had received training relevant to their role and could demonstrate their understanding of safeguarding
- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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.)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw up to date cleaning schedules in place. There was nominated infection prevention and control (IPC) lead and an IPC protocol in place. All staff were up to date with IPC training. We saw evidence that an IPC audit had taken place and action was taken to address any improvements identified as a result.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs), in line with legislation, had been adopted by the practice to allow nurses to administer medicines. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment, in line with the practice recruitment policy, for example proof of identification, references and DBS checks.

### Monitoring risks to patients

## Are services safe?

The practice had procedures in place for assessing, monitoring and managing risks to patient and staff safety. We saw evidence of:

- Risk assessments to monitor the safety of the premises, such as the control of substances hazardous to health and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). There was also a health and safety policy accessible to staff.
- An up to date fire risk assessment which had been undertaken by the local fire service.
- All electrical and clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system to ensure there was enough staff on duty.

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

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff were up to date with fire and basic life support training.
- There was a fire evacuation plan in place which identified how staff could support patients with mobility problems to vacate the building. Regular fire drills were carried out and staff were aware of their responsibilities
- There was emergency equipment available, which included a defibrillator and oxygen,
- Emergency medicines were stored in a secure area which was easily accessible for staff. All the medicines and equipment we checked were in date and fit for use.
- The practice had an effective accident/incident recording and reporting system in place
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was available on the practice intranet and in hard copy.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Updates were also discussed at GP and nursing team meetings.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.
- GPs attended CCG meetings with other practices, to look at the joint needs assessment of the local area.

### 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). We saw minutes from meetings which could evidence QOF was discussed within the practice and any areas for action were identified.

The most recent published results (2014/15) showed the practice had achieved 94% of the total number of points available, with 7% exception reporting which is below the CCG average of 11% and the England average of 9% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data showed:

- Performance for some diabetes related indicators was lower than the CCG and national averages. For example, 86% of patients on the diabetes register had a recorded foot examination completed in the preceding 12 months; CCG and England averages of 88%.
- Performance for mental health related indicators was lower than the CCG and national averages. For example,

78% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months; CCG average 92%, England average 90%.

The practice used audit, peer review, local and national benchmarking to improve quality. We reviewed one audit from the preceding 12 months, which had been completed, identified where improvements had been made and could evidence sustained improvement. For example an audit on:

- The quality of locum doctors regarding their clinical and service standards in consultation, documentation, prescribing, planning, safety netting and time management. The audit identified the staff that were not providing the expected standards of care. The findings of these were addressed through meetings with the individual doctors. As a result some locum doctors no longer worked at the practice.

The service provider had been responsible for the service for less than a year were not able to demonstrate further completed audits, but could evidence service improvement monitoring that would lead to further audits on completion.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence we reviewed showed:

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had received an appraisal within the last 12 months.
- Staff had received mandatory training that included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics. Staff had access to and made use of e-learning training modules and in-house training.
- 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 online resources and discussions with other clinicians

# Are services effective?

## (for example, treatment is effective)

- All GPs were up to date with their revalidation and appraisals.

### Coordinating patient care and information sharing

The practice had timely access to information needed, such as medical records, investigation and test results, to plan and deliver care and treatment for patients. They could evidence how they followed up patients who had an unplanned hospital admission.

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment.

Information was shared between services, with the patient's consent, using a shared care record. We saw evidence that multidisciplinary team meetings, to discuss patients and clinical issues, took place on a monthly basis.

Care plans were in place for those patients who had complex needs, at a high risk of an unplanned hospital admission or had palliative care needs. These were reviewed and updated as needed. Information regarding end of life care was shared with out-of-hours services, to minimise any distress to the patient and/or family.

### Consent to care and treatment

The practice had a policy regarding consent and staff we spoke with were aware of it and had a good understanding of the principles of consent.

We saw a comprehensive mental capacity policy in place which included assessment of capacity, principles of best interest, advance directives, referrals and advocacy. Staff could demonstrate their understanding of the Mental Capacity Act 2005. We were informed that a patients' consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, an assessment was undertaken and the outcome recorded in the patient's record.

There was a policy in place regarding the use of Gillick competency and Fraser guidelines (these are used in medical law to decide whether a child aged 16 years or younger is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.) Staff could demonstrate their understanding and appropriate use of these.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. These included patients:

- who were in the last 12 months of their lives
- at risk of developing a long term condition
- required healthy lifestyle advice, such as dietary, smoking and alcohol cessation
- who acted in the capacity of a carer and may have required additional support

We were informed (and saw evidence in some instances) that North Street Medical Centre:

- Participated in Airedale Wharfedale and Craven Clinical Commissioning Group (CCG) initiatives to reduce the rate of elderly patients' acute admission to hospital. A recognised tool was used to identify patients who were considered to be at risk of unplanned hospital admissions. These patients were reviewed and health care provided as needed.
- Had good working relationships with local the neighbourhood team and health trainers, to support patients with any additional health or social needs.
- Encouraged patients to attend national screening programmes for cervical, bowel and breast cancer. Patients were contacted and reminders were sent out to those eligible for cervical screening. The uptake rate for cervical screening in the preceding five years was 79%, compared to the CCG and national average 76%
- Had failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. In addition there was a computer recall system in place to remind patients when their smear test was due.
- Carried out immunisations in line with the childhood vaccination programme. Uptake rates were comparable to the national averages. For example, children aged up to 24 months ranged from 93% to 100% (CCG average 85% to 98%) and for five year olds they ranged from 60% to 100% (CCG average 90% to 98%).
- Offered health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 75. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken. In addition, health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.

# 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.
- There was a private room should patients in the reception area want to discuss sensitive issues or appeared distressed
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations and that we could not hear any conversations that may have been taking place.
- Chaperones were available for those patients who requested one and it was recorded in the patient's record.

All of the 16 patient Care Quality Commission comment cards we received were positive about the service experienced; however, one comment card also expressed some difficulties in obtaining appointments. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Many cited individual staff as being very supportive and kind.

During the inspection we spoke with patients and members of the patient participation group, whose views and comments were also mainly positive.

Patients told us of the skills and confidence they had in individual clinicians and how they responded well to people with ongoing health needs. Patients told us how they often could get to see or speak to a clinician within two hours of requesting an urgent appointment, and they could always speak to a clinician the same day.

Data from the national GP patient survey showed respondents rated the practice below for many questions regarding how they were treated compared to other local and national practices. However the results relate to a previous provider of the service as this provider commenced 1 December 2015. For example:

- 59% of respondents said the last GP they saw or spoke to was good at listening to them (CCG 91%, national 89%)
- 49% of respondents said the last GP they saw or spoke to was good at giving them enough time (CCG 88%, national 87%)
- 51% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG 87%, national 85%)
- 66% of respondents said the last nurse they saw or spoke to was good at listening to them (CCG 92%, and national 91%)
- 68% of respondents said the last nurse they saw or spoke to was good at giving them enough time (CCG and national 92%)
- 66% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG 90%, national 91%) The choose and book service was used with all patients as appropriate.
- Longer appointments and additional support were available for those patients who may have had difficulty with understanding their options.
- Interpretation services were available daily for patients who did not have English as a first language.
- Information leaflets were available in an easy to read format.

Patient comments we received on the day of the inspection were all positive regarding their involvement in decision making and choices regarding their care and treatment.

Data from the national GP patient survey showed respondents rated the practice under the previous provider below that of other local and national practices. For example:

- 59% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG 84%, national 82%)
- 60% of respondents said the last GP they saw was good at explaining tests and treatments (CCG 89%, national 86%)
- 56% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG and national 85%)
- 65% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG and national 90%)

## Are services caring?

The results of the national GP survey did not reflect the patient views we saw on the day of the inspection.

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

The practice worked jointly with palliative care and district nursing teams to ensure patients who required palliative care, and their families, were supported as needed. We were informed that if a patient had experienced a recent bereavement, they would be contacted and support offered as needed.

Patients identified as carers were recorded on the electronic patient record and lists of carers could be produced by the practice.

We saw there were notices and leaflets in the patient waiting area, informing patients how to access a number of support groups and organisations.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice engaged with NHS England and Airedale Wharfedale and Craven CCG to review the needs of its local population and to secure improvements to services where these were identified. These included:

- Home visits for patients who could not physically access the practice and were in need of medical attention
- Urgent access appointments for children and patients who were in need
- Telephone consultations
- Longer appointments as needed
- Extended hours access
- Travel vaccinations which were available on the NHS
- Disabled facilities, a hearing loop and interpretation services

### Access to the service

The practice was open between 8am to 6.30pm Monday to Friday, with extended hours to 7.30pm on Tuesday and Wednesdays. Telephone consultations were also available. Appointments could be booked up to 12 weeks in advance; same day appointments were available for people that needed them. When the practice was closed out-of-hours services were provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

We were informed the practice took into account individual needs of patients when accessing the practice. For example, the practice had two interpreters available at the surgery each day to support patients who had limited use of English language in their consultations with clinicians.

Data from the national GP patient survey showed respondents rated the practice below that of other local and national practices. For example:

- 55% of respondents were fairly or very satisfied with the practice opening hours (CCG 74%, national 76%)
- 27% of respondents said they could get through easily to the surgery by phone (CCG 71%, national 73%)
- 62% of respondents said the last appointment they got was convenient (CCG 93%, national 92%)

We were informed the practice had attempted to improve services by training staff in customer care and worked with the PPG to address the issues regarding patient expectation. In talking to the practice staff, PPG and individual patients on the day it was evident this was a unique population who expected immediate access to a clinician and appointments quickly were booked as patients waited outside surgery before opening to access urgent appointments, whether the condition was urgent or not. The practice also had high numbers of frequent users of the service (average 5.6 visits per year) and a high level of patients not attending booked appointments.

More recent information from the Family and Friends Test (July 2016) indicated that 74% of patients would now recommend the practice.

As a result of data showing that the practice high numbers of patients attending the Accident and Emergency (A & E) department at Airedale General Hospital for musculo-skeletal problems, such as back pain, the surgery introduced a self-referral physiotherapy clinic to its patients. As a result of this service the attendance of its patients to A & E for musculo-skeletal problems had reduced by 74%.

### Listening and learning from concerns and complaints

The practice had an effective 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.
- The practice kept a record of all written and verbal complaints.
- All complaints and concerns were discussed at the practice meeting.
- There was information displayed at reception to help patients understand the complaints system.

There had been ten complaints received in the last 12 months. We found they had been satisfactorily handled. Lessons had been learned and action taken to improve quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- There was a statement of purpose submitted to the Care Quality Commission which identified the practice values. For example, to provide safe, effective and innovative health care to all groups of the practice population
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- All staff knew and understood the vision and values of the practice.

There was a strong patient centred ethos amongst the practice staff and a desire to provide high quality care. This was reflected in their passion and enthusiasm when speaking to them about the practice, patients and delivery of care.

### Governance arrangements

The practice had good governance processes in place which supported the delivery of good quality care and safety to patients. This ensured there was:

- A good understanding of staff roles and responsibilities. The GPs, advanced nurse practitioners and nurses had lead key areas, such as mental health, safeguarding, long term conditions management and infection prevention and control.
- Practice specific policies were implemented, updated, regularly reviewed and available to all staff.
- A comprehensive understanding of practice performance. Practice meetings were held weekly, where practice performance, significant events and complaints were discussed.
- A programme of continuous clinical and internal audit which was used to monitor quality and drive improvements.
- Robust arrangements for identifying, recording and managing risks.
- Business continuity and comprehensive succession planning in place.

### Leadership and culture

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty and had a comprehensive 'being open' policy in place. We were informed that when there were unexpected or unintended incidents regarding care and treatment, the patients affected were given reasonable support, truthful information and a verbal and written apology.

On the day of the inspection the GPs, partners, clinical lead and practice manager could demonstrate they had the experience, capacity and capability to run the practice.

- There was a clear leadership structure with a clinical lead for the location.
- We were informed that the GPs, managing partner, clinical lead and patient services manager were visible, approachable and took the time to listen.
- Staff informed us they felt respected, valued and supported.
- We saw evidence of regular meetings being held within the practice, such as nursing and administration
- The practice minuted a range of multidisciplinary meetings they held with other health and social care professionals to discuss patient care and complex cases, such as palliative care and safeguarding concerns.
- The GPs promoted the learning and development of staff and also provided mentorship for other clinicians, particularly nurses undertaking Advanced Nurse Practitioner education.

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

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

- Patients who were members of the patient participation group (PPG). The PPG met regularly, carried out patient's surveys and felt confident in submitting proposals for improvements to the practice.
- The NHS Friend and Family Test, complaints and compliments received.

# Are services well-led?

Good 

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

- Staff through meetings, discussions and the appraisal process. Staff told us they would not hesitate to raise any concerns and felt involved and engaged within the practice to improve service delivery and outcomes for patients.

## **Continuous improvement**

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local and national schemes to improve outcomes for patients in the area. For example:

- They had recently joined a group practice from the neighbouring CCG area, to look at how the delivery of primary care services could be improved within the local area.