Dr Anuj Handa

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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Anuj Handa's practice on 3 February 2016. Overall the practice is rated as good.

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

- Patients' comments we received were extremely positive about the practice and identified how caring the staff were.
- Patients said they found it easy to make an appointment, there was continuity of care and urgent appointments were available on the same day as requested.
- Patients told us they were seen within 48 hours, irrespective of need.
- Longer appointments were given to those patients who needed them.
- Information regarding the services provided by the practice was readily available for patients.
- The practice had good facilities and was well equipped to treat and meet the needs of patients.
- There was a complaints policy and clear information available for patients who wished to make a complaint.
- 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 patient participation group.
- The needs of patients were assessed and care was planned and delivered following best practice guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Risks to patients were assessed and well managed. There were good governance arrangements and appropriate policies in place.
- The practice was aware 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 the care and treatment of patients.)
- There was a culture of openness and honesty, which was reflected in the approach to safety. All staff were

Summary of findings

encouraged and supported to record any incidents using the electronic reporting system. There was evidence of good investigation, learning and sharing mechanisms in place.

- There was a clear leadership structure, staff were aware of their roles and responsibilities and told us the GPs were accessible and supportive

However, we saw an area where the provider should make improvements:

- Ensure the cleaning and refurbishment up of the old 'minor surgery' room is carried out before usage (this was an unused room in the practice).

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to ensure action was taken to improve safety in the practice.
- Risks to patients were assessed and well managed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There was a comprehensive chaperone policy and procedures in place to meet the cultural needs of patients.
- There were effective processes in place for safe medicines management.
- The practice had cleaning schedules in place, however, some high level areas such as ceilings, window blinds and notice boards were dusty and required cleaning. We have since seen evidence the practice have resolved this issue and have a comprehensive cleaning schedule in place.
- We saw the old 'minor surgery' room required cleaning and tidying. We were informed this room was not used. We have since received written confirmation of this and also of the plans to have the room cleaned and refurbished prior to usage.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to both local and national figures.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. For example, the district nursing team and community matron.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- National GP patient survey data showed that patients rated the practice as being comparable to others for several aspects of care.
- The practice had a patient-centred culture and we observed that staff treated patients with kindness, dignity, respect and compassion.
- Patients' comments we received were extremely positive about the practice and identified how caring the staff were.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness, respect and maintained confidentiality.
- The practice had a carers' champion in post to provide support for carers and signpost to other areas of support as needed.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Greater Huddersfield Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment and often saw the GP of their choice. Urgent appointments were available for the same day as requested.
- Patients told us they were seen within 48 hours, irrespective of need.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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 governance arrangements which included monitoring and improving quality, identification of risk, policies and procedures to minimise risk and support delivery of quality care.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

- The partners encouraged a culture of openness and honesty.
- There were systems in place for reporting notifiable safety incidents and the practice shared this information with staff to ensure appropriate action was taken
- 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 GPs and practice management.
- The ethos of the practice was to provide good quality services and care for their patients.

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

Good

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. Home visits and urgent appointments were available for those patients in need.
- The practice worked closely with other health and social care professionals, such as the district nursing team, to ensure housebound patients received the care and support they needed.
- Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission.
- Patients who were lonely or isolated were signposted to other services, such as the health trainers.

People with long term conditions

Good

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

- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- Patients who were identified most at risk of hospital admission were identified as a priority.
- 100% of newly diagnosed diabetic patients had been referred to a structured education programme in the last 12 months, compared to 90% locally and nationally.
- 93% of patients diagnosed with asthma had received a review in the last 12 months, compared to 78% locally and 75% nationally.
- 96% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received a review in the last 12 months, compared to 92% locally and 90% nationally.
- Longer appointments and home visits were available when needed.
- Health trainers supported people with long term conditions; particularly regarding managing lifestyle, stress or anxiety related issues.

Summary of findings

- The practice had diabetic diet leaflets which identified Asian food groups, to support those patients in making the right dietary choices.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Patients and staff 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. All children who required an urgent appointment were seen on the same day as requested.
- The practice worked with midwives, health visitors and school nurses to support the needs of this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- Immunisation uptake rates were high for all standard childhood immunisations, with an achievement of 100% for many vaccinations.
- Sexual health, contraceptive and cervical screening services were provided at the practice.
- 90% of eligible patients had received cervical screening, compared to 86% locally and 82% nationally.

Working age people (including those recently retired and students)

Good

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.
- Telephone consultations were available as needed.
- The practice was proactive in offering online services as well as a full 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.

Summary of findings

- NHS vaccinations were available for students as part of the government immunisation programme.

People whose circumstances may make them vulnerable

Good

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 and regularly worked with multidisciplinary teams in the case management of this population group.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice could evidence 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).
- Information on how to access various local support groups and voluntary organisations was available and patients were signposted to these services as needed.
- Longer appointments were available for patients as needed.

People experiencing poor mental health (including people with dementia)

Good

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 carers were given information on how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice was working towards becoming dementia friendly. Staff had received training and had a good understanding of how to support patients with dementia or mental health needs.
- Advance care planning was undertaken with patients who had dementia, 100% of whom had received a face to face review of their care in the last 12 months, which was higher than the local and national averages.
- 96% of patients who had a complex mental health problem, such as schizophrenia, bipolar affective disorder and other

psychoses had received an annual review in the past 12 months and had a comprehensive, agreed care plan documented in their record. This was higher than the local and national averages (local 90%, nationally 88%).

- The practice identified patients who were carers and offered support and signposted to other services as needed.

Summary of findings

What people who use the service say

The national GP patient survey results published January 2016 showed Dr Anuj Handa's performance was comparable to other practices located within Greater Huddersfield Clinical Commissioning Group (CCG) and nationally. There were 403 survey forms distributed and 85 were returned. This was a response rate of 21%, which represented 2% of the practice population.

- 85% of respondents described their overall experience of the practice as fairly or very good, compared to 85% nationally
- 83% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area, compared to 78% nationally
- 88% of respondents described their experience of making an appointment as good, compared to 73% nationally
- 94% of respondents said they found the receptionists at the practice helpful, compared to 87% nationally
- 94% of respondents said they had confidence and trust in the last GP they saw or spoke to, compared to 95% nationally
- 98% of respondents said they had confidence and trust in the last nurse they saw or spoke to, compared to 97% nationally

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received 42 comment cards, all of which were extremely positive, many describing the service and care they had received as being 'excellent' and citing staff as being thoughtful and caring. Many comments were regarding how easy patients found getting an appointment and being seen either on the same day or within 48 hours.

During the inspection we spoke with eight patients, all of whom were positive about the practice. We also spoke with members of the patient participation group who informed us how the practice engaged with them.

Areas for improvement

Action the service SHOULD take to improve

- Ensure the cleaning and refurbishment up of the old 'minor surgery' room is carried out before usage (this was an unused room in the practice).

Dr Anuj Handa

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor and a practice manager specialist advisor.

Background to Dr Anuj Handa

The Dr Anuj Handa practice is also known as Fartown Surgery and is a member of Greater Huddersfield Clinical Commissioning Group (CCG). It is located within a suburb, with elements of high deprivation, on the outskirts of North Huddersfield. The premises were purpose built and have car parking facilities and disabled access.

The practice has a patient list size of 3,404, a high proportion of which are of Asian origin. They have a higher than local CCG and national average of patients who have a long standing health condition; 71% compared to 55% and 54% respectively. The unemployed working status is also higher at 16%, compared to 7% locally and 5% nationally.

There are two male GPs, who are father and son, and one female practice nurse. The clinicians are supported by a practice manager and a team of administration and reception staff.

The practice is open between 8.30am to 6.30pm Monday to Friday, with extended hours from 6.30pm to 8.30pm on Monday. Telephone consultations are sometimes held by clinicians, dependent on the need of the patient. 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.

General Medical Services (GMS) are provided under a contract with NHS England. The practice is registered to provide the following regulated activities; maternity and midwifery services, family planning, diagnostic and screening procedures and treatment of disease, disorder or injury. They also offer a range of enhanced services such as influenza, pneumococcal and childhood immunisations.

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.)

Why we carried out this inspection

We carried out a comprehensive inspection of the services 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 registered 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 Greater Huddersfield 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.

Detailed findings

We carried out an announced inspection at Dr Anuj Handa's practice on the 3 February 2016. During our visit we:

- Spoke with a range of staff, which included a GP, the practice nurses, the practice manager, a health trainer and a member of the administration team.
- Spoke with patients who used the service and members of the patient participation group.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Observed the interactions between patients/carers and reception staff.
- 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- There was an open and transparent approach to safety. All staff were encouraged and supported to raise awareness of any significant events.
- Staff told us they would inform the practice manager of any incidents and complete the electronic incident recording form. The practice was also aware of their wider duty to report incidents to external bodies such as Greater Huddersfield CCG and NHS England. This included the recording and reporting of notifiable incidents under the duty of candour.
- We saw evidence the practice took the analysis of significant events very seriously. For example, there had been a delay in a diagnosis. In addition to root cause analysis undertaken by the practice, it had also been discussed during peer review and at the Local Medical Council, to be reviewed independently.
- When there were unintended or unexpected safety incidents, we were informed patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

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, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies and were accessible to all staff. The policies clearly outlined contact details for staff to obtain further guidance if they had concerns about a patient's welfare. The GP acted in the capacity of safeguarding lead and had been trained to the appropriate level. Staff demonstrated they understood their responsibilities and had all received training relevant to their role. The practice could evidence children on their practice list who were subject to a child protection plan (this is a plan which identifies how health and social care professionals will help to keep a child safe).
- 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). These 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. We were informed it was recorded in the patient's records when a chaperone had been in attendance. We saw there was a comprehensive chaperone policy and procedures were in place to meet the cultural needs of patients.
- The practice had cleaning schedules in place, however, at the time of our inspection some high level areas such as ceilings, window blinds and notice boards were dusty and required cleaning. We have since seen evidence the practice have resolved this issue and now have a comprehensive cleaning schedule in place. We also saw the old 'minor surgery' room required cleaning and tidying. At the time of inspection we were verbally informed that this room was not used. We have since received confirmation of the non-usage in writing and outlining the plans to have the room cleaned and refurbished prior to usage.
- There was a designated infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual infection prevention and control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements in place for managing medicines, emergency drugs and vaccinations, to keep patients safe. These included the obtaining, prescribing, recording, handling, storage and security. All medicines and their expiry dates were recorded on the practice electronic document system. An alert was generated near to the expiry date. Prescription pads and blank

prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions, in line with legislation, had been adopted by the practice to allow nurses to administer medicines. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.

- We reviewed a sample of personnel files and found recruitment checks had been undertaken in line with the practice recruitment policy.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.)
- Health and safety was a standing agenda item on the practice meetings.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff worked flexibly to cover any changes in demand, for example annual leave, sickness or seasonal.

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.
- Evidence that all staff were up to date with fire and basic life support training.
- There was emergency equipment available, which included a defibrillator and oxygen, with pads and masks suitable for adults and children.
- 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 and included emergency contact numbers for staff. The plan was available electronically and as a hard copy.

Good

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.

- There were systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Clinicians attended CCG meetings to ensure they were up to date with local patient care management pathways.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/15) showed the practice had achieved 96% of the total number of points available, with less than 1% exception reporting (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). The practice was not an outlier for any QOF (or other national) clinical targets Data showed:

- Performance for diabetes related indicators was higher than the CCG and national averages. For example, 96% of patients on the diabetes register had a recorded foot examination completed in the preceding 12 months, compared to the CCG and national average of 88%.
- Performance for mental health related indicators was higher than the CCG and national averages. For example, 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months, compared to the CCG and national averages of 90%.

There was evidence of quality improvement, including clinical audit. Findings were used by the practice to improve services.

- We reviewed a completed clinical audit cycle regarding minor surgery post-operative complications and infections. (A completed audit should be a full cycle that involves an initial audit, the implementation of change and a re-audit to identify if improvement is evident.) Both audit cycles showed consistently there was no evidence of post-operative complications or infections.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- 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 were also supported to attend role specific training and updates, for example the management of long term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff informed us how they remained up to date with the changes in the childhood immunisation programme, for example by accessing online resources..
- The learning needs of staff were identified through appraisals, significant events and practice development needs. Staff had access to e-learning, in-house and external training, clinical supervision and peer support. All staff had received an appraisal in the preceding 12 months.
- All GPs were up to date with their revalidation and appraisals.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to clinical staff in a timely and accessible way through the practice patient record system and their intranet system. This included risk assessments, care plans, medical records, investigation and test results.

Care plans were in place for those patients who had complex needs, were at a high risk of an unplanned hospital admission or had palliative care needs, which

Good

Are services effective?

(for example, treatment is effective)

were reviewed and updated as needed. The practice could evidence how they followed up after discharge those patients who had an unplanned hospital admission or had attended accident and emergency (A&E).

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 quarterly basis.

Consent to care and treatment

Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005. Patients' consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, the GP or nurse assessed this and, where appropriate, recorded the outcome of the assessment.

When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as Gillick competency and Fraser guidelines. 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 permission or knowledge.

Health promotion and prevention

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

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

The practice encouraged its patients to attend national screening programmes for cervical, bowel and breast cancer. Cervical screening was offered by the practice and their uptake was 90%, which was higher than the national average of 82%. The practice actively reminded patients who did not attend for their cervical or bowel screening tests.

The practice carried out immunisations in line with the childhood vaccination programme. Uptake rates for children aged up to 24 months ranged from 93% to 100% and for five year olds they ranged from 91% to 100%. These were in line with the national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken.

Patients who were concerned regarding memory loss or any dementia-like symptoms were encouraged to make an appointment with a clinician. A recognised dementia identification tool was used with the patient's consent to assess any areas of concern. The practice had good links with the local memory service and referred patients as needed.

The practice had good working relationships with local the neighbourhood team to support patients with any additional health or social needs. Patients were signposted to health trainers, who saw them on a one to one basis in the patient's home.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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 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.

We were informed by the practice they did not have an examination couch in the GP consulting room, as this was based on the cultural preferences of the majority of their patients. There was a separate room available where examinations of female patients took place in the presence of a female chaperone.

Results from the January 2016 national GP patient survey showed respondents rated the practice comparable to the national average to questions regarding how they were treated. For example:

- 86% of respondents said the last GP they saw or spoke to was good at listening to them, compared to 89% nationally
- 89% of respondents said the last nurse they saw or spoke to was good at listening to them, compared to 91% nationally
- 87% of respondents said the last GP they saw or spoke to was good at giving them enough time, compared to 87% nationally
- 89% of respondents said the last nurse they saw or spoke to was good at giving them enough time, compared to 91% nationally
- 83% of respondents said the last GP they spoke to was good at treating them with care and concern, compared to 85% nationally
- 91% of respondents said the last nurse they spoke to was good at treating them with care and concern, which was the same as the national average.

During the inspection we spoke with eight patients and two members of the patient participation group. They all informed us they were extremely satisfied with the care they received and were treated with dignity and respect.

We also reviewed the CQC comment cards which patients had completed. All the comments were overwhelmingly positive about their experiences at the practice and how caring staff were.

Care planning and involvement in decisions about care and treatment

Patients told us they felt listened to and had sufficient time to make an informed decision about their care and choice of treatment available to them. Patients were offered choose and book appointments during their consultation with the GP.

Clinicians told us they gave patients appropriate information and discussed options. In the practice there were a variety of patient information leaflets available, which provided information on ill health, well-being, care and treatment options.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with national averages. For example:

- 81% of respondents said the last GP they saw was good at involving them in decisions about their care, compared to 81% nationally
- 83% of respondents said the last nurse they saw was good at involving them in decisions about their care, compared to 85% nationally
- 82% of respondents said the last GP they saw was good at explaining tests and treatments, compared to 86% nationally
- 87% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments, compared to 90% nationally

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

- Interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in an easy to read format.

Good

Are services caring?

- The practice had diabetic diet leaflets which identified Asian food groups, to support those patients in making the right dietary choices.

Patient and carer support to cope emotionally with care and treatment

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

The patient electronic record system alerted clinicians if a patient was also a carer. The practice maintained a carers' register and there were carers' champions in post to offer additional support as needed. There was information for carers displayed in the patient waiting areas.

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 offered support as needed.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Greater Huddersfield CCG, to secure improvements to services where these were identified. For example:

- Home visits were available for patients who could not physically access the practice and were in need of medical attention.
- Urgent access appointments were available for children and patients who had a medical need which required a same day consultation.
- The practice operated daily telephone consultations as needed.
- Longer appointments were available.
- There were disabled facilities and a hearing loop.
- Interpretation and translation services were available, in addition to the GPs speaking Asian languages.

Access to the service

The practice was open between 8.30am to 6.30pm Monday to Friday, with extended hours from 6.30pm to 8.30pm on Monday. GP appointments were as follows:

Monday 9am to 11am 3pm to 6pm 6.30pm to 8.15pm

Tuesday 9am to 11am 3pm to 6 pm

Wednesday 9am to 12 midday

Thursday 9am to 10.30am 3pm to 6pm

Friday 9am to 11am 3pm to 6pm

Appointments could be booked up to two weeks in advance. All urgent care was seen on the same day of request.

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.

Results from the national GP patient survey showed that satisfaction rates regarding how respondents could access care and treatment from the practice were comparable to local CCG and national averages. For example:

- 84% of respondents were fairly or very satisfied with the practice opening hours, compared to 75% nationally
- 84% of respondents said they could get through easily to the surgery by phone, compared to 73% nationally
- 94% of respondents said the last appointment they got was convenient, compared to 92% nationally

Patients told us they were generally seen within 48 hours of their initial request. All said they were very happy with the access and felt the GPs were 'very accommodating'.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- All complaints and concerns were discussed at the practice meeting.
- The practice kept a register for all written complaints.
- There was information displayed in the reception area to help patients understand the complaints system.

There had been two complaints over the last 12 months. As with significant events, we saw evidence the practice also took the analysis of complaints very seriously. For example, a patient felt an earlier referral would have been of value. The practice review the complaint in-house, the GP discussed it during peer review and had also referred to NHS England for further advice. The matter was discussed with the patient concerned and the issue was resolved.

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 services that were responsive, equitable, accessible and of high quality to meet the needs of their patients. Also to improve the well-being and health outcomes of patients.

There was a strong patient-centred ethos amongst the practice staff, which 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 clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and available to all staff via the computer system.
- A comprehensive understanding of practice performance.
- 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 was in place.
- Priority in providing high quality care

Leadership, openness and transparency

On the day of inspection it was evident the partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour, which included communicating with patients about notifiable safety incidents. We were informed that when this happened, affected patients were given reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by management. Staff told us:

- There was an open and honest culture within the practice.
- The partners were approachable and always took the time to listen to all members of staff.
- There were regular team meetings where they had the opportunity to raise any issues and felt confident and supported in doing so.
- They felt respected, valued and supported, particularly by the partners in the practice.
- They were encouraged to identify opportunities to improve the service delivered by the practice.
- Learning and development was encouraged within the practice.

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

The practice proactively encouraged and valued feedback from patients through the use of the patient participation group (PPG), patient surveys and any complaints or compliments they received. Feedback was also encouraged through the use of the practice website. The PPG had virtual meetings. They were engaged with the practice and made recommendations which were acted upon.

The practice also gathered feedback from staff through meetings and the appraisal process. Staff told us they would not hesitate to raise any concerns or issues.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice also supported staff in other practices, in conjunction with Huddersfield University to develop their training and development. For example, the practice provided placements for nurse prescribing and health care assistant training.

The practice team was forward thinking and part of local and national schemes to improve outcomes for patients in the area. For example:

- The practice had plans to participate in the social prescribing scheme. Social prescribing is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and. community sector.