

# The Almondbury Surgery

## Quality Report

Longcroft  
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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

Are services well-led?

**Good**



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Almondbury Surgery on 9 June 2016. The overall rating for the practice was good. However; we rated the practice as requires improvement for providing well led care. The full comprehensive report on the inspection can be found by selecting the 'all reports' link for The Almondbury Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 31 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the issues that we had identified in our previous inspection on 9 June 2016. This report covers our findings in relation to those requirements.

The practice has now met the legal requirements in the key question of well led and is now rated as good for this area of activity.

Our key findings were as follows:

- The practice had completed an infection prevention and control audit, and taken steps to address issues identified.
- The practice had taken a number of steps to improve the process for making appointments. A patient information leaflet had been produced to provide feedback to patients regarding the changes.
- The partners at the practice had worked with staff to produce a business plan. This provided an outline of the goals for the next three to five years.
- We reviewed three completed clinical audits and saw that these had been discussed at clinical meetings and that learning from these was being shared.
- We saw that care plans were in use for patients with long term conditions, which included guidance for patients during exacerbation of their condition.

**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 well-led?

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 9 June 2016. The issues at the previous inspection included:

- The practice had not undertaken an infection prevention and control audit.
- We saw no evidence of the practice acting on feedback from the GP national patient survey and the Friends and Family test to improve processes for making appointments.
- The practice did not have a documented strategic and business plan.
- We saw no evidence of feedback from staff in relation to the strategic development of the practice.
- We saw evidence of clinical audits, however these were not completed, two cycle audits which could demonstrate improvements in patient outcomes. The practice did not have a consistent approach to the use of care planning templates for patients with identified needs.
- There was no locum pack in place for use by temporary clinical staff.
- When responding to complaints from patients, the practice did not include details of the Parliamentary and Health Service Ombudsman for cases where the complainant was unhappy with the response they had received.

At the inspection on 31 May 2017 we found:

- The practice had completed an infection prevention and control audit on 16 May 2017.
- The practice had taken a number of steps to improve the process for making appointments as a result of feedback received. A patient information leaflet had been produced to provide feedback to patients regarding the changes.
- The partners at the practice had worked with staff to produce a business plan. This provided an outline of the goals for the next three to five years.
- We reviewed three completed clinical audits and saw that these had been discussed at clinical meetings and that learning had been shared.
- We saw that care plans were in use for patients with long term conditions, which included guidance for patients during exacerbation of their condition. The practice had updated the patient complaint information leaflet to include details of how to escalate a complaint.
- The practice had produced a locum pack to assist temporary clinical staff working at the practice.

Good



# The Almondbury Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

A CQC inspector carried out this focused inspection.

## Background to The Almondbury Surgery

The Almondbury Surgery is located at Longcroft, Almondbury, Huddersfield, HD5 8XW. The surgery operates from a well-equipped, purpose built location and is situated in a semi-rural district of Huddersfield. The surgery has good public transport links and ample parking and accessible facilities.

The patient population experiences average levels of deprivation and has both affluent and disadvantaged groups. The ethnicity of the community is mainly white British. The patient list size is approximately 6,400.

The practice has three part time GPs partners (2 male and one female). There are two part time salaried GPs (female) supporting the partners. There is also a part-time advanced nurse practitioner and two part-time practice nurses (all female). They are supported by two part-time health care assistants and a team of administrative staff along with a full-time practice manager.

The practice is open 8am to 6pm Monday to Friday. Consultations are available throughout the day.

The practice delivers General Medical Services (GMS contract) for the Greater Huddersfield Clinical Commissioning Group. Out of hours services are provided by Local Care Direct when the practice is closed.

When we returned to the practice for this inspection, we checked, and saw that the previously awarded ratings were displayed, as required, in the practice premises. The overall rating was displayed on the practice website with a link to the inspection report.

## Why we carried out this inspection

We undertook a comprehensive inspection of The Almondbury Surgery on 9 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall. However; we rated the practice as requires improvement for providing well led care. The full comprehensive report following the inspection on 9 June 2016 can be found by selecting the 'all reports' link for The Almondbury Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of The Almondbury Surgery on 31 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

We carried out a focused follow up inspection of The Almondbury Surgery on 31 May 2017. During our visit we:

- Spoke with the practice manager.
- Reviewed documentation supporting the progress the practice had made.

## Detailed findings

We also reviewed information which the practice submitted prior to the inspection. For example; the locum pack, infection prevention and control audit and the practice business plan for the next three to five years.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 9 June 2016, we rated the practice as requires improvement for providing well-led services as we identified issues with the governance arrangements in place.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 31 May 2017. The practice is now rated as good for being well-led.

### Vision and strategy

The partners at the practice had worked with staff to produce a business plan. This outlined the business aspects of the practice, including a commitment to regular communication. The plan also outlined the strategic goals for the next three to five years.

### Governance Arrangements

The practice had completed an infection prevention and control audit on 16 May 2017. A number of minor issues had been identified and immediately rectified. For example; sharps bins being used inappropriately. The practice had also identified the need for disposable curtains around treatment rooms as part of the audit. We spoke with the practice manager who advised us that these had been purchased and would be installed in each clinical room over the coming months as part of the deep clean process.

We reviewed the patient complaint information leaflet and saw this had been updated to include details of the Parliamentary and Health Service Ombudsman (PHSO). The leaflet advised patients that they could escalate their complaint to the PHSO, should they be dissatisfied with the response from the practice. The complaint leaflet was available via the practice website, upon request from reception and also included in written responses to patients.

We reviewed one complaint received by the practice and saw the response letter also made reference to the PHSO and attached the complaints leaflet.

We saw that care plans were in use for patients with long term conditions, which included guidance for patients during exacerbation of their condition.

The practice used clinical audits to drive improvement. The practice had completed three clinical audits within the last 12 months. We reviewed one of these audits which had been instigated as a result of a significant event, where a patient had been taking medication for longer than the recommended period. The first cycle of the audit identified only one patient who had been taking the medication for longer than recommended. Upon further analysis the practice found that this was due to no indication of the recommended stop date being found within the prescriptions screen on the clinical system. As a result of the audit the practice ran a search on all patients taking the medication and the recommended stop date was added to the prescriptions screen. A second audit was carried out 12 months later which identified 20 patients on the medication, 16 of the patients had the appropriate stop date recorded on the prescription page. Of the four patients who did not have a stop date on the prescription page, three patients were new patients who had been prescribed the medication at another practice and one was a newly diagnosed patient..

The practice had also nominated a clinical audit lead and we saw evidence of clinical audit being discussed at practice meetings.

The practice had produced a locum pack to support temporary clinical staff when providing cover at the practice. This included practice specifics (including a tour of the building), processes and procedures in operation within the practice, emergency information and specific duties for the individual.

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

Previous patient feedback had indicated dissatisfaction with the booking of appointments. As a result of this the practice had taken a number of steps to improve the process for making appointments. A patient information leaflet had been produced to provide feedback to patients regarding the changes. The leaflet was available in the practice waiting area, on the practice website and had been shared with the virtual patient group.

The leaflet included a summary of feedback received and action taken to address issues regarding the appointment system. These included; updating the online booking system to enable all GP appointments to be booked via this method (with the exception of a small number held back

# Are services well-led?

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for urgent, same day appointments); encouraging patients to use online access to avoid queuing at the door and keeping patients informed when GPs are running late during consultations.