

Dr Hanume Thimmegowda

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Hanume Thimmegowda on 29 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw two areas of outstanding practice:

- The practice used every opportunity to encourage eligible women to attend for cervical screening. The

Summary of findings

uptake for the cervical screening programme was 91%, which was significantly higher than the Clinical Commissioning Group (CCG) and national average of 82%.

- The practice could demonstrate significant improvements for patients with chronic obstructive pulmonary disease (COPD). Data showed that COPD related indicators were higher than the national average and the practice demonstrated additional improvements in 2015/16. For example, 2014/15 data showed that 94% of patients with COPD had their diagnosis confirmed by in-house post bronchodilator spirometry (CCG average 92%, national average 90%). We saw evidence that this increased to 99% in unverified 2015/16 data provided by the practice.

The areas where the provider should make improvement are:

- Carry out risk assessments of non-clinical staff to identify whether Disclosure and Barring (DBS) checks are necessary.
- Put arrangements in place for the periodic testing of building electrical systems.
- Provide emergency oxygen at the branch practice.
- Install and train staff in the use of secondary temperature monitoring devices for the vaccine fridges and take appropriate action to ensure the vaccine fridge at the branch practice cannot be switched off or unplugged by mistake.
- Put systems in place to identify patients who are carers and support them as appropriate.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- We saw evidence that lessons were shared with individual staff members and in staff meetings where appropriate and action was taken to improve safety in the practice. For example, new vaccine fridges were purchased after two incidents involving the previous fridges.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed both premises to be clean and tidy. The practice manager was the infection prevention and control (IPC) lead. We suggested that a member of the clinical team should be identified as a clinical lead for IPC.
- The temperature of the vaccine fridges was monitored and recorded daily. Secondary temperature monitoring devices were supplied with the new fridges but had not been installed. After the inspection the practice informed us that secondary temperature monitoring devices were purchased and installed.
- Periodic fixed wiring testing had not been carried out at either location and staff could not recall when this was last carried out. We saw evidence that the practice took immediate action to arrange testing of the electrical systems at both locations.
- Legionella risk assessments were carried out in October 2015. Remedial work took place to reduce the risk and we saw evidence that two staff members received training to carry out regular temperature checks and flushing of taps which they documented.
- Risks to patients were assessed and well managed. The practice manager carried out monthly fire and health and safety risk assessments at both locations and recorded action taken as a result.

Summary of findings

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- The practice had a defibrillator at the Albion Road site and oxygen with adult and children's masks. However, There was no oxygen available at the branch practice. This was purchased after the inspection.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. Staff told us that NICE guidelines were discussed at practice clinical meetings and CCG organised meetings and events.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For example, 92% of patients with diabetes had a record of a foot examination and risk classification within the preceding 12 months (CCG average 89%, national average 88%).
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice participated in local audits, peer review and research. For example, the practice participated in a local university led clinical research project to improve blood pressure control in patients at high risk of cardiovascular events.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. A GP with additional surgical training carried out minor surgery including anorectal procedures. A total of 190 minor operations and 33 anorectal procedures were carried out in the preceding two years. These were patients who would have otherwise been referred to secondary care.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Meetings took place with other health care professionals

Summary of findings

including community matrons, district nurses, palliative care team and the care co-ordinator on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

- Staff used E-Consultations where available with hospital consultants to discuss cases and carry out shared care planning.
- The practice used protected learning time to invite local specialists and speakers. For example, a pathologist and a health and safety speaker. The practice manager had implemented monthly risk assessments at both locations as a result of the health and safety lecture.
- Patients at high risk of hospital admission who were not under the care of a community matron were referred to a CCG employed Care Co-ordinator who liaised with NHS and social care services to ensure patients were supported.
- Smoking cessation, dietary and alcohol brief intervention advice was available from the practice nurses.
- The practice's used every opportunity to encourage eligible women to attend for cervical screening. The uptake for the cervical screening programme was 91%, which was better than the CCG and national average of 82%.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff told us that confidentiality was difficult to maintain in the small waiting room at the Albion Mount surgery. We observed that the waiting area was very small, chairs were placed closely together and there was no space to allow patients to stand

Good



Summary of findings

back from the reception window to maintain privacy. They were considering playing music to improve confidentiality. Other rooms were available if patients needed to have a private discussion with staff.

- Staff were available to communicate in Gujarati, Hindi, Urdu, Telugu and a range of African languages, including Yoruba, Ibo, Urhobo and Edo which were spoken locally.
- The practice identified carers in the patient notes but were unable to tell us the number or percentage of patients who were identified as a carer. Staff had attended a local CCG event to improve support for carers. A member of staff was identified as the carers' champion. They invited a local carer support organisation to attend a practice meeting and were in the process of reviewing processes to identify and offer support to carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice provided services in line with the CCG "Care closer to home" policy including phlebotomy, ECGs and spirometry. The practice referred patients to the care co-ordinator pilot project to reduce unplanned hospital admissions.
- The practice took part in the local CCG demand and capacity audit. The audit highlighted the demand for appointments on the days when the practice did not have a full capacity of GPs. To improve access for patients the practice had appointed a regular locum GP to work Thursdays and Fridays commencing July 2016.
- A GP with additional surgical training carried out minor surgery including anorectal procedures. The introduction of extended minor operations offered patient choice and reduced the need to refer to secondary care.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Staff told us that the GPs rarely refused a home visit. Two patients told us that they had found it easy to arrange telephone consultations and home visits.

Good



Summary of findings

- Staff had identified that patients who required wound care or the removal of sutures could not access nurse appointments in a timely way and had attended the local walk in service instead. In response, the practice introduced specific nurse appointments for dressings and suture removals.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice changed from a high cost telephone number to a local rate number in response to patient feedback. A patient survey was undertaken in 2014. Patients stated that they preferred to hear the engaged tone to being placed in a queue system.
- Staff had engaged the services of Kirklees Council's sensory services to ensure support for people with hearing impairments, including direct text and email communications.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had a large number of posters and information in the waiting room at both locations and we noted that it was difficult to find specific information and the text on posters was too small to read. The practice told us they would review the information displayed to ensure that information was clearly visible and make it easier to locate information about specific services.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice contributed to wider discussions about primary care in the locality with North Kirklees CCG and other GP practices in the local cluster group.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice proactively sought feedback from staff and patients, which it acted on. The virtual patient participation group (PPG) was active. We noted that there was very little information available to patients about the PPG at either location. The practice agreed they could display information about the PPG in the waiting rooms.
- There was a strong focus on continuous learning and improvement at all levels. Staff were encouraged and supported to undertake additional training and develop their roles. The practice was part of the local care co-ordinator pilot scheme to reduce avoidable hospital admission.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided influenza, pneumonia and shingles vaccinations, as well as annual checks for patients over the age of 75, who did not have identified long-term conditions and may otherwise not have attended.
- Older people with long term conditions, with frequent A&E or out-of-hours contact, were included on the avoiding unplanned admissions register. This provided patients with an individual care plan which enhanced GP awareness of any specific needs.
- The practice referred patients with long term conditions and those at risk of unplanned admission (but not under the care of a community matron) to the clinical care co-ordinator. Care co-ordinators assist older people to navigate health and social services successfully.
- GPs and the nurse practitioner carried out regular medication reviews. The practice recently participated in the local CCG polypharmacy review scheme, to improve support to people who required 10 or more repeat medications.
- The health care assistant and practice nurse regularly visited patients who were unable to attend the surgery in their own homes, to take bloods, complete annual health checks and electrocardiograms (ECGs). This is a test which measures the electrical activity of the heart.
- The practice supported older patients who were residents in local care homes. The GPs carried out regular visits for necessary checks. For example, medication reviews, diet advice and carer updates.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

- The nurse practitioner lead on diabetes care. Ninety two per cent of patients with diabetes had a record of a foot examination and risk classification within the preceding 12 months (CCG average 89%, national average 88%).
- A practice nurse had received additional training and specialised in the care of COPD patients. Staff carried out spirometry testing in house, 94% of patients with COPD had their diagnosis confirmed by post bronchodilator spirometry (CCG average 92%, national average 90%). Data from 15/16 showed this had increased to 99%.
- Longer appointments and home visits were available for patients with long term conditions when needed. Two patients told us that they had found it easy to arrange home visits.
- All these patients had a named GP and a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice used every opportunity to encourage eligible women to attend for cervical screening. The practice's uptake for the cervical screening programme was 91%, which was better than the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice hosted weekly midwife sessions. Postnatal examinations and baby checks were managed jointly by the practice nurses and GPs.
- A full range of contraceptive advice was provided. A GP was trained in fitting and removing intrauterine coils and contraceptive implant devices.
- We discussed positive examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

- Posters promoting family support and sexual health clinics were displayed throughout the practice.

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 the working age population, those recently retired and students 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 pre-bookable appointments, covering early mornings and late evenings for working people.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs of this age group. They provided online access to new patient checks, depression/alcohol questionnaires and travel vaccinations.
- The practice offered electronic prescribing. Medications were available directly from the pharmacy who ordered them on patients' behalf.
- Students were encouraged to register with the practice for a temporary registration of up to three months to cover health requirements, whilst away from university or college.

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.

- In partnership with local drug/alcohol support agencies, practice nurses carried out brief intervention advice during health checks and new patient registration, identifying patients who may have dependency problems. The practice hosted a weekly shared care alcohol service for registered patients.
- Patients experiencing addiction issues, either to prescription medications or street drugs, were referred to local support organisations for additional support.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- The practice registered patients from the local bail hostel. There was a no discrimination policy and vulnerable patients were welcomed. For example, homeless, travellers, vulnerable migrants, sex workers and patients with mental health or addiction issues, which may make them vulnerable.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff 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 identified patients who were carers and provided information to signpost them to local support services. A member of staff was identified as a Carers Champion and there were plans to improve the support offered to carers.

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).

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months (CCG average 89%, national average 88%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice did not prescribe long term benzodiazepines and information was provided to all patients upon registration that patients taking these medications would be supported to reduce or gradually stop them. Patients in need of additional support were referred to local agencies.
- The practice had told patients experiencing poor mental health about 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.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia. Staff had received additional training to understand the needs of dementia patients.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. A total of 312 survey forms were distributed and 108 were returned. This represented 2% of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards, 29 from Albion Mount and 10 from the branch practice, Mountain Road Surgery, which were all positive about the standard of care received. Patients commented that staff treated them with care and respect. Several patients praised named members of staff for their care and many patients commented that staff listened to patients. Three patients gave examples of when staff explained tests or treatment clearly. One patient commented that they needed many urgent appointments and had been able to arrange them

without difficulty. One patient said they recently registered at the practice and were very happy with the staff and the service. Four patients commented that it was sometimes difficult to get through on the phone. One patient had written to the lead inspector, they told us that they were able to arrange appointments with their preferred GP and they received high quality care at the practice.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients told us that staff listened to their health concerns and gave them time to discuss treatment options during appointments. Four patients said they had been offered support and information to cope emotionally and one patient said they were pleased with the emotional support they received from the practice. Two patients said they had requested urgent, same day appointments and had received these with no problem. Three patients said they sometimes found it difficult to get through to the surgery on the phone and four patients said they were pleased that the practice had changed to a local rate telephone number as calls were previously expensive for patients.

The practice changed from a high cost telephone number to a local rate number in response to patient feedback. A patient survey was undertaken in 2014. Patients stated that they preferred to hear the engaged tone to being placed in a queue system.

Areas for improvement

Action the service SHOULD take to improve
The areas where the provider should make improvement are:

- Carry out risk assessments of non-clinical staff to identify whether Disclosure and Barring (DBS) checks are necessary.
- Put arrangements in place for the periodic testing of building electrical systems.
- Provide emergency oxygen at the branch practice.
- Install and train staff in the use of secondary temperature monitoring devices for the vaccine fridges and take appropriate action to ensure the vaccine fridge at the branch practice cannot be switched off or unplugged by mistake.
- Put systems in place to identify patients who are carers and support them as appropriate.

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Outstanding practice

We saw two areas of outstanding practice:

- The practice used every opportunity to encourage eligible women to attend for cervical screening. The uptake for the cervical screening programme was 91%, which was significantly higher than the Clinical Commissioning Group (CCG) and national average of 82%.
- The practice could demonstrate significant improvements for patients with chronic obstructive

pulmonary disease (COPD). Data showed that COPD related indicators were higher than the national average and the practice demonstrated additional improvements in 2015/16. For example, 2014/15 data showed that 94% of patients with COPD had their diagnosis confirmed by in-house post bronchodilator spirometry (CCG average 92%, national average 90%). We saw evidence that this increased to 99% in unverified 2015/16 data provided by the practice.

Dr Hanume Thimmegowda

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an Expert by Experience.

Background to Dr Hanume Thimmegowda

Dr Hanume Thimmegowda provides primary medical services to 6108 patients in Dewsbury under a personal medical services (PMS) contract. The practice is known locally as The Albion Mount Medical Practice.

The practice is located in a purpose built, newly extended building in central Dewsbury close to local bus and train stations and the market.

There are five consulting rooms, two nurse/treatment rooms, a meeting room, reception area, waiting room, offices and staff areas. There is an attached pharmacy and parking is available.

The practice has a single storey purpose built branch surgery which is located at Mountain Road Surgery, 111 Mountain Rd, Thornhill, Dewsbury, WF12 0BS. The majority of staff work at both sites.

There are three GP partners (two male and one female), a female advanced nurse practitioner, four female practice nurses, a female health care assistant, a practice manager, assistant practice manager and a team of administrative staff.

The practice accepts three third year medical students per year for five week periods. They are in the process of applying to be a training practice.

The Albion Mount surgery is open between 8am and 6.30pm on Monday, Tuesday and Friday, 8am to 7pm Wednesdays and 7.30am to 7.30pm Thursdays.

The Mountain Road branch practice is open between 8am and 1pm Monday, 7.30am to 6.30pm Tuesday, 8am to 4pm Wednesday and Friday and 8am to 12.30pm Thursdays.

When the practice or branch closes early an answerphone message asks patients to telephone the other surgery. When the surgery is closed, telephone calls are transferred to Local Care Direct which is the out of hours service provider.

Twenty four per cent of the patient population are of black and ethnic minority, a significant proportion of which are of South Asian origin. Twenty eight per cent of older people are affected by income deprivation (national average 16%).

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including NHS England to share what they knew. We carried out an announced visit on 29 June 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses and administrative staff and spoke with patients who used the service.
- Observed how staff interacted with patients and carers in the reception and waiting areas.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour and we saw evidence that the practice took the appropriate action after an accidental disclosure of patient information. (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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Incidents were discussed in clinical meetings and the practice carried out a thorough analysis of the significant events. Significant events were reviewed annually and reported into the local CCG.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared with individual staff members and in staff meetings where appropriate and action was taken to improve safety in the practice. For example, new vaccine fridges were purchased after two incidents involving the previous fridges. There was a process to receive and distribute patient safety alerts. We saw evidence that alerts were reviewed by clinical staff and discussed in clinical meetings. The practice manager maintained a log to record action taken or if no action was required.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff at both locations.

The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and could give examples of where they had discussed safeguarding concerns with the lead GP. All had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.

- Notices in the waiting room and in consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. Administrative staff who chaperoned had not received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Following the inspection the practice sent in documentation that a risk assessment had been completed with regards to DBS checks on long standing members of non clinical staff undertaking chaperoning. After the inspection the practice informed us that following further discussion, the partners agreed to carry out DBS checks on all new members of clinical and non-clinical staff.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed both premises to be clean and tidy. The practice manager was the infection prevention and control (IPC) lead. We suggested that a member of the clinical team should be identified as a clinical lead for IPC. There was an IPC protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The most recent audits were carried out at both locations in June 2015 and we saw evidence that action was taken to address any improvements identified as a result. For example, inappropriate items were found in sharps bins. The practice wall mounted all sharps bins, ensured staff understood waste segregation and displayed guidance in consulting and treatment rooms.
- Clinical waste was segregated and stored appropriately. However the practice were not labelling clinical waste

Are services safe?

bags to identify the source. The practice took immediate action to create labels for staff to attach to bags and gave assurance that all waste bags would be labelled in the future.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The CCG pharmacist attended clinical meetings on a monthly basis to discuss prescribing patterns. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff and attended regular clinical meetings for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The temperature of the vaccine fridges was monitored and recorded daily. We saw evidence that the practice took appropriate action in relation to two occasions where a vaccine fridge failed in November 2015 and February 2016. The practice recorded these as significant events and new vaccine fridges were purchased as a result. We noted that the fridges did not have secondary temperature monitors. The nurse practitioner located temperature monitoring devices which were supplied with the new fridges but had not been installed. Staff gave assurance that they would contact the manufacturer to ensure the devices were installed and used properly. We noted that there was no sign or cover on the plug of the vaccine fridge at the branch practice to prevent it from being unplugged or switched off. The practice manager told us that they would cover the plug and switch to prevent this. After

the inspection the practice informed us that secondary temperature monitoring devices for all vaccine fridges were purchased and installed, and all relevant staff received training.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service for clinical staff.

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 with a poster in the reception office at both locations which identified local health and safety representatives. The practice manager carried out monthly fire and health and safety risk assessments at both locations and recorded action taken as a result. For example, a faulty office chair was replaced. The fire alarm systems were tested weekly and staff carried out regular fire drills.
- Periodic fixed wiring testing had not been carried out at either location and staff could not recall when this was last carried out. We saw evidence that the practice took immediate action to arrange testing of the electrical systems at both locations. After the inspection the practice informed us that the periodic testing of building electrical systems at both practices was carried out on 13th August 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a bacterium which can contaminate water systems in buildings). The legionella risk assessments were carried out in October 2015. The report for Albion Mount identified a high risk of contamination due to a number of obsolete water pipes. The practice had these removed to reduce the risk and we saw evidence that two staff members received training to carry out regular temperature checks and flushing of taps which they documented.

Are services safe?

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in treatment rooms at both locations.
- The practice had a defibrillator at the Albion Road site and oxygen with adult and children's masks. Staff told

us they had requested two defibrillators when funding was made available by the local CCG but were only provided with one. There was no oxygen available at the branch practice. Following the inspection the practice sent evidence that oxygen was in place at the branch surgery. A first aid kit and accident book were available at both locations.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice manager had also provided staff with a shorter summarised version which included key personnel and contact numbers.

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 patients' needs. Staff told us that NICE guidelines were discussed at practice clinical meetings and CCG organised meetings and events.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available with 19% exception reporting (CCG and national average 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. We asked staff about the higher exception reporting. They told us it was historical data. The practice saw patients from the local bail hospital who moved on after three months. In addition, three local care homes had closed and many dementia patients who were moved to other locations were exception reported. Staff told us that every effort was made to ensure patients attended for review appointments before they were excepted.

This practice was an outlier for seven clinical targets in 2015. The practice received a letter in May 2016 from the local CCG congratulating them on reducing this to five. The letter stated that the practice was now identified as an achieving practice.

The nursing team worked together to manage long term conditions and carried out reviews of patients in their own

home where necessary. We were shown examples of care plans and action plans given to and discussed with patients to help them manage their condition. We saw effective recall systems to ensure that patients were reviewed annually or more often if required. Practice nurses told us they always followed up patients where medication was changed.

Data from 2014/15 showed:

- The nurse practitioner had received additional training in diabetes and could initiate diabetic treatment. Performance for diabetes related indicators was better than the national average. Ninety two per cent of patients with diabetes had a record of a foot examination and risk classification within the preceding 12 months (CCG average 89%, national average 88%). The practice also referred patients to the local structured diabetic self management programme. Ninety per cent of patients newly diagnosed with diabetes, in the preceding 12 months had a record of being referred to a structured education programme within 9 months (CCG and national average 90%).
- Performance for mental health related indicators was better than the national average. Ninety three per cent of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months (CCG average 89%, national average 88%).
- Fifteen per cent of the patient list were diagnosed with hypertension (national average 14%). Data showed the the last blood pressure reading for patients with hypertension (measured in the preceding 12 months) was within normal parameters for 88% of patients CCG average 85%, national average 84%).
- Seven per cent of the patient list were diagnosed with asthma (national average 6%). A practice nurse received additional training and specialised in asthma care. Performance for asthma related indicators was better than the national average 91% of patients with asthma had an asthma review in the preceding 12 months that included an assessment of asthma control (CCG average 79%, national average 75%).
- A practice nurse received additional training and specialised in the care of COPD patients. All of the patients with COPD had a review, undertaken by a healthcare professional, including an assessment of breathlessness in the preceding 12 months (CCG and national average 90%). 94% of patients with COPD

Are services effective?

(for example, treatment is effective)

(diagnosed on or after 1 April 2011) had their diagnosis confirmed by post bronchodilator spirometry which was provided in house (CCG average 92%, national average 90%). We saw evidence that this increased to 99% in 2015/16 unverified data provided by the practice.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored and one audit was mid-cycle. The third audit was carried out by a pharmacy technician.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice participated in a local university led clinical research project to improve blood pressure control in patients at high risk of cardiovascular events. The practice carried out an audit to identify which patients might benefit from a review. Data showed that at the end of the project in April 2016, 113 out of 356 patients reviewed were in line with evidence based targets which was a 4% improvement on the previous year.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of hospital accident and emergency (A&E) attendance, identifying patterns of behaviour and times of attendance. Patients were contacted to discuss their needs and reduce unnecessary attendance. As a result of the audit the practice increased the number of telephone consultations and promoted these to patients. Staff told us there were early indications that avoidable A&E attendance had reduced and there were plans to re-audit in 2016 to demonstrate improvement. An atrial fibrillation audit led to clinicians routinely checking the pulse of patients and providing ECGs in house.
- A GP with additional surgical training carried out minor surgery including anorectal procedures in the minor surgery room at the branch practice. A total of 190 minor operations and 33 anorectal procedures were carried out in the preceding two years. These were patients who would have otherwise been referred to secondary care. An audit demonstrated there were no complications reported. Patients reported excellent experience and

preferred to have the procedures undertaken at the GP surgery. Only 7% of patients who had their haemorrhoids treated had symptoms within six weeks of the procedure.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice manager used a checklist to ensure that new staff members received training and could access policies and procedures.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and staff who carried out spirometry, phlebotomy and cervical smears. A practice nurse was supported through additional training to care for patients with COPD.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice clinical meetings and local nurse meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training and local CCG led educational meetings and events.

Are services effective?

(for example, treatment is effective)

- The practice used protected learning time to invite local specialists and speakers. For example, a pathologist and a health and safety speaker. The practice manager had implemented monthly risk assessments at both locations as a result of the health and safety talk.
- The practice accepted three third year medical students per year for five week periods. We saw evidence that students evaluated their experience at the practice highly. The practice was in the process of applying to be a training practice.
- The practice used regular locum GPs where necessary and had arrangements with another local GP practice to provide cover for staff sickness.
- The GPs at the practice had a range of additional training in specialist areas including cardiology, gynaecology, dermatology and surgical procedures.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff used E-Consultations where available with hospital consultants to discuss cases and carry out shared care planning.
- The GPs participated in case based discussions and reviews of referrals, deaths, cancer diagnosis and emergency admissions.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. For example, patients at high risk of hospital admission who were not under the care of a community matron were referred to a CCG employed Care Co-ordinator who liaised with NHS and social care services to ensure patients were supported. Meetings took place with other health care professionals

including community matrons, district nurses, palliative care team and the care co-ordinator on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice maintained a register of the 10% of the practice population aged 16 or over with a body mass index (BMI) of 30 or above. A BMI above the healthy weight range can increase the risk of serious health problems. Practice nurses gave dietary advice and referred patients as necessary to local weight management programmes.
- Smoking cessation advice was available from the practice nurses. Data showed that 94% of patients with any or any combination of high risk conditions including CHD, stroke, hypertension, diabetes, COPD and asthma, who were recorded as current smokers had a record of an offer of support and treatment within the preceding 12 months which was comparable to the national average of 96%.
- Clinical staff carried out alcohol intervention advice. They used AUDIT-C which is a recognised screening tool that can help identify persons who are hazardous drinkers or have active alcohol use disorders. In the

Are services effective?

(for example, treatment is effective)

preceding 12 months, 1060 patients were screened and received brief advice. Of these, 111 patients received structured advice to reduce their alcohol intake, two patients received extended intervention and three patients were referred to specialist alcohol treatment services.

- The practice did not prescribe long term benzodiazepines and information was provided to all patients upon registration that patients taking these medications would be supported to reduce or gradually stop them. Patients in need of additional support were referred to local agencies.

The practice's used every opportunity to encourage eligible women to attend for cervical screening. The uptake for the cervical screening programme was 91%, which was better than the CCG and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were 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. The practice demonstrated how they encouraged uptake of the screening programme by

using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that patient uptake was low. For example, 46% of patients aged 60-69 were screened for bowel cancer in preceding 30 months (national average 58%). Clinical staff opportunistically encouraged patients to attend for screening and return bowel cancer test samples.

Childhood immunisations were carried out by a local community provider. Immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds from 93% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff knew patients well and were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains or screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Staff told us that confidentiality was difficult to maintain in the small waiting room at the Albion Mount surgery. We observed that the waiting area was very small, chairs were placed closely together and there was no space to allow patients to stand back from the reception window to maintain privacy. They were considering playing music to improve confidentiality. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. On the day of the inspection we saw the practice manager carried out private discussions with patients in the office.

All of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Four patients told us that they had been offered information or support to cope emotionally and one patient told us they were pleased with the emotional support they had received from the practice.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said staff were aware and considerate of the cultural needs of patients. One member said they were treated as individuals by staff. One member said they their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. The practice nurses showed us care plans that were provided to patients to inform them of their health condition and promote self care and management.

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 local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.

Are services caring?

- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format and other languages.
- Staff were available to communicate in Gujarati, Hindi, Urdu, Telugu and a range of African languages, including Yoruba, Ibo, Urhobo and Edo which were spoken locally.

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. At the time of the inspection, many patients were fasting for religious reasons. The practice included information relevant to patients who were fasting on their website.

The practice's computer system alerted GPs if a patient was also a carer. The practice identified carers in the patient notes but were unable to tell us the number or percentage of patients who were identified as a carer. Staff had attended a local CCG event to improve support for carers. After the event a member of staff was identified as the carers' champion. They invited a local carer support organisation to attend a practice meeting and were reviewing processes to identify and offer support to carers. Written information was available to direct carers to the various avenues of support available to them in the waiting area at both locations. After the inspection the practice informed us that a new form was created for patients to complete to ensure carers details were documented on the clinical system. Posters informing patients were also displayed in the waiting areas.

Staff told us that they held raffles and donated money to a charity of the practice's choice each Christmas and staff had all brought food in for the homeless in 2014.

Staff told us that if families had experienced bereavement, their usual GP contacted them and sent a letter or a sympathy card. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice provided services in line with the CCG 'Care closer to home' policy including phlebotomy, ECGs and spirometry. The practice referred patients to the care co-ordinator pilot project to reduce unplanned hospital admissions.

- The practice offered extended hours clinics on a Wednesday evening until 7pm, Thursday evening until 7.30pm and Thursday mornings from 7.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice nurse carried out travel consultations and purchased specific travel medicines including vaccinations for tick borne virus and rabies to avoid patients having to travel to the specialist travel clinic in Leeds. The practice displayed up to date travel vaccination advice on their website.
- There were disabled facilities and translation services available. Staff were available to communicate in Gujarati, Hindi, Urdu, Telugu and a range of African languages, including Yoruba, Ibo, Urhobo and Edo.
- A GP with additional surgical training carried out minor surgery including anorectal procedures. The introduction of extended minor operations offered patient choice and reduced the need to refer to secondary care.
- Staff engaged the services of Kirklees Council's sensory services to ensure support for people with hearing impairments, including direct text and email communications.

- Information was provided in large print on request. Patients with visual or hearing impairments had reminders placed on their clinical homepage, so that staff were aware of additional support needs.
- The practice had a large number of posters and information in the waiting room at both locations and we noted that it was difficult to find specific information and the text on posters was too small to read. The practice told us they would review the information displayed to ensure that information was clearly visible and make it easier to locate information about specific services.

Access to the service

The Albion Mount surgery was open between 8am and 6.30pm on Monday, Tuesday and Friday, 8am to 7pm Wednesdays and 7.30am to 7.30pm Thursdays.

The Mountain Road branch practice was open between 8am and 1pm Monday, 7.30am to 6.30pm Tuesday, 8am to 4pm Wednesday and Friday and 8am to 12.30pm Thursdays. Extended hours appointments were offered from 7.30am on Thursdays and until 7pm on Wednesday and 7.30pm on Thursdays at Albion Road. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 72% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice changed from a high cost telephone number to a local rate number in response to patient feedback. A patient survey was undertaken in 2014. Patients stated that they preferred to hear the engaged tone to being placed in a queue system.

The practice took part in the local CCG demand and capacity audit. The practice felt that the audit was not a true reflection of available appointments due to two GP's being absent, one GP taking pre booked annual leave and another GP who was unavoidably absent. At the time of the

Are services responsive to people's needs?

(for example, to feedback?)

inspection, feedback from this audit had not yet been received. However, the audit demonstrated that the demand for appointments was on the days when the practice did not have a full capacity of GP's. To improve access for patients the practice appointed a locum GP to work Thursdays and Fridays commencing July 2016.

People told us on the day of the inspection that they were able to get appointments when they needed them. Two patients said they had requested urgent, same day appointments and had received these with no problem. Three patients said they sometimes found it difficult to get through to the surgery on the phone and four patients said they were pleased that the practice had changed to a local rate telephone number as calls previously were expensive for patients.

The practice had a system in place to assess:

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

GPs spoke to the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. Staff told us that the GPs rarely refused a home visit. Two patients told us that they had found it easy to arrange telephone consultations and home visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had 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.
- We saw that information was available to help patients understand the complaints system at both locations.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, staff ensured that the records of patients on the unplanned admissions register were clearly flagged in response to a complaint where a patient was not offered an urgent appointment. Staff noticed that patients who required wound care or the removal of sutures could not access nurse appointments in a timely way and had attended the local walk in service instead. In response, the practice had introduced specific nurse appointments for dressings and suture removals.

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.

- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice contributed to wider discussions about primary care in the locality with North Kirklees CCG and other GP practices in the local cluster group.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were up to date, reviewed regularly and available to all staff at both locations.
- A comprehensive understanding of the performance of the practice was maintained and we saw a letter from the CCG congratulating them on reducing outlying targets and becoming an achieving practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice manager and assistant practice manager worked closely together to manage the practice. They created bespoke practice information and comprehensive personal development review packs for staff. Staff told us they were approachable and always listened to ideas and concerns.

Leadership and culture

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

and made effective use of individual knowledge and skills. They told us there was no hierarchy in the practice and the partners were approachable and always took the time to listen to all members of staff.

The provider 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. They told us that they socialised and celebrated together for birthdays and at Christmas.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG were not able to meet regularly, but they communicated regularly by email and spoke to staff and the practice manager when they attended the practice. PPG

Are services well-led?

Good 

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

members had contributed to patient surveys and submitted proposals for improvements to the practice management team. For example, the change of telephone number to a local rate number. The PPG discussed confidentiality in the waiting room and had encouraged the practice to offer services such as ECGs and blood tests that avoided the need to travel to the hospital.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us that communication was good between staff and they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. We noted that there was very little information available to

patients about the PPG at either location. Of the nine patients we spoke to, five were unaware of the PPG. The practice agreed they could display information about the PPG in the waiting rooms.

- The practice produced a quarterly newsletter which was available in the practices and on the website.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Staff were encouraged and supported to undertake additional training and develop their roles. The practice was part of the local care co-ordinator pilot scheme to reduce avoidable hospital admission and contributed to wider discussions about primary care in the locality with North Kirklees CCG and other GP practices in the local cluster group .