

# Dr Haffizullah Bhat

## 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?

Requires improvement



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 Haffizullah Bhat on 28 July 2016. The practice is rated as requires improvement for safety. 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.
- Not all risks to patients were assessed and well managed. For example, Staff were not familiar with how to operate the temperature gauge on the vaccine fridge. The temperature of the vaccine fridge had exceeded the accepted minimum and maximum temperature of the accepted range for the safe storage of vaccines.
- Emergency medicines were not easily accessible. We noted that one of the emergency medicines had expired. The practice did not stock some emergency medicines and this had not been risk assessed.
- 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.

# Summary of findings

- The practice had a vision to deliver high quality care, promote good outcomes for patients and treat all patients fairly and equally. Staff were clear about the vision and their responsibilities in relation to it.
- 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.

## **The areas where the provider must make improvement are:**

- The practice must ensure staff understand and follow practice policies and procedures for the management of the vaccine fridge and the cold chain.
- Review the arrangements for the storage and develop systems to monitor expiry dates for emergency medicines and equipment. Carry out a risk assessment to identify a list of medicines that are suitable for the practice to stock and provide emergency oxygen at the practice.

## **The areas where the provider should make improvement are:**

- Review the labelling arrangements for clinical waste bags to be able to identify the source of the waste in line with current legislation and guidance.
- Review and update the information in the complaints policy and procedure about how to take action if patients are not satisfied with how the complaint is dealt with. Discuss the complaints procedure with staff to ensure they are familiar with practice procedures.
- The practice should continue to monitor their QOF exception reporting rates in line with their exception reporting policy to ensure that patients are only excepted when there is justification for doing so.

## **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 requires improvement for providing safe services.

**Requires improvement**



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- 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 a system to ensure patient safety alerts were received and acted upon. Staff made good use of the intranet and shared areas on the clinical system to distribute and access alerts and notifications.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, the locum and salaried GP were not aware if there was a system to highlight patients who may be vulnerable or at risk based on soft intelligence within the practice. For example, those patients where the senior GP knew them and their circumstances well. We discussed this with the practice manager who gave assurance that the system to identify these patients would be discussed with staff.
- Not all risks to patients were assessed and well managed.
- The fridge temperatures had not been recorded correctly for over a year, staff were not familiar with the process and the temperatures had exceeded the accepted range. This resulted in a number of patients being recalled for vaccination.
- Only six items of domestic electrical equipment were checked to ensure the equipment was safe to use. Electrical equipment in clinical rooms was not checked periodically. For example, free standing examination lights, IT equipment and extension leads and sockets. The practice manager took immediate action to document an inventory of all portable electrical equipment on the premises and arranged for periodic testing to be carried out.
- Emergency medicines were stored in a locked filing cabinet and the keys were kept in a separate cabinet which could delay

# Summary of findings

access in an emergency. We noted that one of the medicines, atropine had expired. The practice did not stock benzylpenicillin which is required in the event of suspected meningitis.

- An automated defibrillator was available on the premises, the practice did not have a system to check that the defibrillator and battery were working correctly or to ensure that the defibrillator pads were replaced upon expiry. Emergency oxygen was not available on the premises. This was obtained after the inspection.

## Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For example, 100% of patients with COPD (diagnosed on or after 1 April 2011) had their diagnosis confirmed by post bronchodilator spirometry (CCG average 92%, national average 90%).
- The GP had a special interest in diabetes and the practice provided a level three service for diabetic patients. Level three diabetic care is the management of patients stabilised on injectable therapies. Performance for diabetes related indicators was better than the national average. For example, 100% of patients with diabetes, on the register, had a record of a foot examination and risk classification (CCG average 89%, national average 88%).
- This practice was an outlier for two national targets, the national GP patient survey and hospital accident and emergency (A&E) attendance. They had created an action plan to improve patient satisfaction and monitored patients who attended A&E, contacting them to encourage attendance at the practice. We saw a letter from the CCG in 2015 congratulating the practice on the improvements made in the outlying areas.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. Findings were used by the practice to improve services. For example, recent action taken as a result included a reduction in the overall prescribing of amoxicillin by 39% and flucloxacillin by 16%. Amoxycillin and flucloxacillin are both commonly prescribed antibiotics.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

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- 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.
- Smoking cessation advice was available from the practice. Data showed that 95% of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months (CCG and national average 87%).

## Are services caring?

The practice is rated as good for providing caring services.

**Good**



- The results for the practice were varied for its satisfaction scores on consultations with GPs and nurses. For example, 79% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89% whereas 96% 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%.
- The majority of the 40 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- The 'patient pod' was available in the waiting room which enabled patients to test their blood pressure and carry out self assessments. We observed staff assisting patients to use the equipment.
- The practice ensured that patients with additional communication needs were clearly documented in the patient record, along with the patients' preferred method of communication. Notices were displayed asking patients to inform staff of their preferences.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 166 patients as carers (6% of the practice list). They carried out an audit in 2014 to ensure that carers were correctly identified on the clinical system and support was offered to carers and documented in the record which increased the number of identified carers
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This

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call 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. Arrangements were in place for the GP to issue death certificates in a timely way to allow families to arrange a prompt funeral in line with cultural beliefs.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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, they offered services in line with the local care closer to home policy. These included a level three diabetic service, ECGs, 24 hour blood pressure monitoring, smoking cessation advice and phlebotomy. They also hosted midwifery clinics.
- The results from the national GP patient survey were below local and national averages. For example, 53% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- The practice had reviewed the results of the national patient survey and developed an action plan to improve access for patients. A new telephone system had been installed with additional telephone lines. They had also increased the number of same day appointments in response to patient feedback.
- The practice offered extended hours clinics on a Monday evening until 8pm for working patients who could not attend during normal opening hours.
- 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 were disabled facilities and interpretation and translation services available including facilities for patients who were hearing impaired. The practice had widened doors and lowered a section of the reception desk to improve access for wheelchair users.
- 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 regular salaried GP was not familiar with the complaints procedure and wasn't aware

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that forms were available for patients. The procedures did not include how to contact the ombudsman if they were not satisfied with the outcome of the practice complaints procedure. The practice gave assurance that the policy and complaints information would be updated to include this information and that complaints procedures would be discussed with staff to ensure that all staff were aware.

## Are services well-led?

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

Good



- The practice had a clear vision to deliver high quality care, promote good outcomes for patients and treat all patients fairly and equally. Staff were clear about the vision and their responsibilities in relation to it.
- The practice worked collaboratively with other GP practices locally and with the Kirklees GP federation 'Curo' to discuss and plan healthcare services for the local population.
- 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.
- The practice manager was a member of the clinical IT system user group. They attended meetings to discuss new changes, data quality and share good practice.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice were not aware of concerns relating to the vaccine fridge and cold chain of vaccines. They took immediate action to assist PHE to investigate the risks and reviewed arrangements to manage the cold chain and ensure staff followed procedures.
- 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
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.



# 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 encouraged patients aged over 65 to be vaccinated against seasonal flu. The practice had received a letter from NHS England congratulating them on increasing the percentage of eligible patients who received the vaccination from the previous year and achieving the national target of 75%.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Uptake rates for screening were low. For example, 21% of patients aged 60 to 69 were screened for bowel cancer in the preceding 30 months (CCG average 55%, national average 58%).
- Older people with frequent hospital accident and emergency (A&E) or out-of-hours contact were included on the avoiding unplanned admissions register. This provided patients with priority for appointments and an individual care plan which enhanced GP awareness of any specific needs.

### 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.
- The GP had a special interest in diabetes and the practice provided a level three service for diabetic patients. Level three diabetic care is the management of patients stabilised on injectable therapies. Performance for diabetes related indicators was better than the national average. For example, 100% of patients with diabetes, on the register, had a record of a foot examination and risk classification (CCG average 89%, national average 88%).
- Patients were provided with shared management plans to help them manage long term conditions. For example, patients with

# Summary of findings

hypertension (high blood pressure) were provided with their results and any recommended actions. Blood pressure monitoring devices were loaned to patients and they were provided with a template to record their own blood pressure readings to discuss at their next review appointment.

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines 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 requires improvement for the care of families, children and young people.

We have rated this population group as requires improvement for safety. This was because we found the practice was rated as requires improvement for safe. This instance impacted on a number of patients in this population group.

There were examples of good practice:

- 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's uptake for the cervical screening programme was 83%, which was comparable to the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw how the practice communicated regularly with midwives, health visitors and school nurses.
- Staff encouraged women to breastfeed their babies and signage displayed in the practice supported this. Data showed that breastfeeding prevalence increased from 37% to 64% in 2015.

**Requires improvement**



# Summary of findings

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

Good



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

- The needs of 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 offered extended hours clinics on a Monday evening until 8pm for working patients who could not attend during normal opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The 'patient pod' was available in the waiting room which enabled patients to test their blood pressure and carry out self assessments during opening hours. We observed staff assisting patients to use the equipment.
- The practice offered telephone consultations to patients who were unable to attend the surgery.
- Text messages were sent to patients to remind them of their appointment.

## People whose circumstances may make them vulnerable

Good



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

- Staff were aware of how to identify adults and children at risk who were known to local safeguarding services and the police. However, not all staff were aware if there was a system to identify patients who were vulnerable or at risk in the practice.
- 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.
- 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.

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## 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).

- 100% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months which is better than the national average of 84%.
- Performance for mental health related indicators was better than the national average. 100% 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 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The most recent national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages for indicators relating to access and nursing care. A total of 355 survey forms were distributed and 79 were returned. This represented under 3% of the practice's patient list.

- 53% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 71% 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%.
- 74% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 61% 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%.

The practice had reviewed the results of the national patient survey and had developed an action plan to improve access for patients. A new telephone system had been installed with additional telephone lines. They had also increased the number of same day appointments in response to patient feedback. At the time of the

inspection, the practice were finalising the results of their own patient survey to evaluate the impact of their improvements. Preliminary results showed that 84% of respondents found it very easy or fairly easy to get through on the phone.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards, the majority of which were positive about the standard of care received. Several patients commented that they liked having a female GP and one patient commented that they had noticed the service had improved in the last year.

Many patients were unable to understand or speak English. We spoke with three patients during the inspection. All three patients said they thought the care they received was good and thought staff were approachable, committed and caring. They all said they felt that staff listened to their concerns. Two patients said they were sometimes kept waiting at the practice.

The results of the NHS Friends and Family test for the preceding 18 months showed that of 175 respondents, 92% were extremely likely or likely to recommend the practice to a friend or family member.

## Areas for improvement

### Action the service **MUST** take to improve

#### The areas where the provider must make improvement are:

- The practice must ensure staff understand and follow practice policies and procedures for the management of the vaccine fridge and the cold chain.
- Review the arrangements for the storage and develop systems to monitor expiry dates for emergency medicines and equipment. Carry out a risk assessment to identify a list of medicines that are suitable for the practice to stock and provide emergency oxygen at the practice.

### Action the service **SHOULD** take to improve

#### The areas where the provider should make improvement are:

- Review the labelling arrangements for clinical waste bags to be able to identify the source of the waste in line with current legislation and guidance.
- Review and update the information in the complaints policy and procedure about how to take action if patients are not satisfied with how the complaint is dealt with. Discuss the complaints procedure with staff to ensure they are familiar with practice procedures.
- The practice should continue to monitor their QOF exception reporting rates in line with their exception reporting policy to ensure that patients are only excepted when there is justification for doing so.

# Dr Haffizullah Bhat

## 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.

## Background to Dr Haffizullah Bhat

Dr Haffizullah Bhat provides primary care services under a General Medical Services (GMS) contract to 3,044 patients in Savile Town, Dewsbury.

The area is in the second decile on the scale of deprivation. Seventy three per cent of the practice population is under the age of 65 compared with the national average of 38%. Ninety one per cent of patients are from black minority and ethnic populations.

- The practice is based in a rented two storey purpose built property which has recently been renovated to improve disabled access and infection prevention and control, and to provide an additional consulting room and office. It is located in a residential area of Savile Town. There is a GP consulting room and a treatment room on the ground floor and a GP consulting room and the midwife's room on the first floor. The practice is accessible for wheelchair users and has a car park with spaces for the disabled. The waiting area has a 'patient pod' which enables patients to carry out self assessments. For example, undertaking a mental health questionnaire and recording their blood pressure.
- There is one whole time equivalent male GP and a female GP who provides three clinical sessions per week. A male locum GP from another local GP practice

provides cover as required. A female locum practice nurse works two days per week and a female healthcare assistant works two days per week. The clinical team are supported by a practice manager and a team of administrative staff. The practice manager and a member of the reception team are also trained to provide phlebotomy services.

- The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 9.30am to 1pm every morning and 3.45pm to 6pm daily. Extended hours appointments are offered from 6.30 to 8pm on Mondays.
- When the practice is closed calls are transferred to the NHS 111 service who will triage the call and pass the details to Local Care Direct who is the out-of-hours provider for North Kirklees.

## 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.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and North Kirklees CCG, to share what they knew about the practice. We reviewed the latest

# Detailed findings

2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2016). QOF is a voluntary incentive scheme for GP practices in the UK, which financially rewards practices for the management of some of the most common long term conditions. We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

During our visit we:

- Spoke with a range of staff including GPs, the practice manager and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed practice policies and procedures.
- 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. (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.
- The practice used a bespoke template to record positive aspects of how incidents were dealt with as well as learning points. They carried out a thorough analysis of the significant events and lessons were shared with staff members through practice meetings and general discussion. Actions were documented on the significant event template and the practice manager recorded when actions were completed.
- The practice had a system to ensure patient safety alerts were received and acted upon. Staff made good use of the intranet and shared areas on the clinical system to distribute alerts and notifications.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a letter had been received from a hospital consultant who had prescribed a medicine for a patient. The GP noted that the quantity of the medicine was written as milligrams instead of micrograms. A significant event was raised and the hospital consultant informed, who subsequently wrote to the practice stating the correct dosage.

### 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had carried out a safeguarding self assessment to ensure that procedures were in place and staff were clear about reporting procedures. There was a lead member of staff for safeguarding. The lead GP was unable to attend local safeguarding meetings but the minutes were reviewed and discussed at regular practice multidisciplinary team meetings. Reports were provided where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The practice nurse, healthcare assistant and reception staff were also trained to level three. However, the locum and salaried GP were not aware if there was a system to highlight patients who may be vulnerable or at risk based on soft intelligence within the practice. For example, those patients where the senior GP knew them and their circumstances well. We discussed this with the practice manager who gave assurance that the system to identify these patients would be discussed with staff. Shortly after the inspection we received a completed action plan which showed that the practice manager and the sessional GP had met to discuss the issues identified.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead GP and practice manager were the infection prevention and control (IPC) clinical leads who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, appropriate



## Are services safe?

handwashing sinks had been installed and carpets replaced with sealed flooring in consulting rooms. The practice displayed information for staff to ensure that clinical waste was segregated and stored appropriately. However, bags were not labelled to identify the source of the waste as required in Health Technical Memorandum 07-01: Safe management of healthcare waste. The practice manager gave assurance that clinical waste bags would be labelled in the future.

- 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.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal) required improvements.

- 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 regular support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The local CCG pharmacist told us that the practice engaged with them regularly to discuss audit prescribing. The practice had carried out an audit after noticing there had been an increase in patients asking for lost prescriptions to be reprinted. Staff ensured they were following practice policies and a re-audit showed a significant decrease in these requests.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and we saw that these were updated when the new practice nurse was employed.

However, staff were not familiar with how to operate the temperature gauge on the vaccine fridge. As a consequence minimum and maximum temperatures of the vaccine fridge were not checked or recorded for the preceding year. The lead inspector identified that the temperature of the vaccine fridge had exceeded the accepted minimum and maximum temperature of the accepted range for the safe

storage of vaccines. In addition, the practice did not ensure that the temperature gauge on the vaccine fridge was serviced and calibrated annually. After the inspection the practice were referred to the Public Health England screening and immunisations team at NHS England to investigate the incident. This resulted in a number of patients being recalled for vaccination. The practice immediately raised a significant event and provided a detailed action plan which include the purchase of a new vaccine fridge with improved temperature monitoring. The practice gave assurances that staff would receive training in the operation of the new fridge and temperature recording devices. We were sent evidence to confirm that the temperature gauge had been calibrated after the inspection.

### Monitoring risks to patients

There were systems in place to assess and manage risks to patients.

- 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 which identified local health and safety representatives. There was a fire alarm system and emergency lighting and signage. The practice had up to date fire risk assessments and carried out regular fire drills. The fixed wiring of the building had been inspected and we saw evidence that work was carried out to improve the electrical system to ensure that it met modern electrical safety standards.
- Only six items of domestic electrical equipment had been checked to ensure they were safe to use. Electrical equipment in clinical rooms had not been checked in line with guidance. For example, free standing examination lights, IT equipment and extension leads and sockets. The practice manager took immediate action to document an inventory of all portable electrical equipment on the premises and arranged for periodic testing to be carried out shortly after the inspection. We saw that clinical equipment was checked to ensure it was working properly with the exception of the vaccine fridge. 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

## Are services safe?

a term for a particular bacterium which can contaminate water systems in buildings). The practice had also carried out work to improve the security, parking and lighting in and around the premises.

- Arrangements were in place for planning and monitoring the number of staff 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 and the GP had an arrangement with a neighbouring GP practice to provide cover when necessary.
- Staff completed a checklist upon opening and closing the surgery to ensure tasks were completed. For example, checking building security and diverting the telephone to out-of-hours services.

### Arrangements to deal with emergencies and major incidents

The arrangements to respond to emergencies and major incidents required improvement.

- 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 on the premises.
- An automated defibrillator was available on the premises, the practice did not have a system to check that the defibrillator and battery were working correctly or to ensure that the defibrillator pads were replaced upon expiry. Emergency oxygen was not available on the premises.

- There was a first aid kit but no accident book was available. The practice manager explained that all accidents were recorded as significant events. We noted that accidents were included as a category on the significant event recording system.
- Emergency medicines were accessible to staff in the downstairs consulting room and all staff knew of their location. However, the medicines were stored in a locked filing cabinet and the keys were kept in a separate cabinet which could delay access in an emergency.
- The practice had a system to check that emergency medicines were in date. However, upon inspection we noted that one of the medicines, atropine had expired. The practice did not stock benzylpenicillin which is required in the event of suspected meningitis.

Immediately after the inspection, staff reviewed the provision of emergency medicines and equipment. The emergency medicines were moved to a more accessible central secure location. Emergency oxygen and benzylpenicillin were purchased and staff reviewed the process to carry out regular checks of the emergency medicines and the defibrillator.

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 GP and practice manager had copies at home.

# 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. We saw how staff had access to guidelines from NICE on the clinical system and used this information to deliver care and treatment that met patients' needs.
- 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 100% of the total number of points available with 18% 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. The practice monitored exception reporting and had developed an exception reporting policy to ensure that patients were only excepted when there was justification for doing so.

This practice was an outlier for two national targets, the national GP patient survey and hospital accident and emergency (A&E) attendance. They had created an action plan to improve patient satisfaction and monitored patients who attended A&E, contacting them to encourage attendance at the practice. We saw a letter from the CCG in 2015 congratulating the practice on the improvements made on the outlying areas.

Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the national average. For example, 100% of patients with diabetes, on the register, had a record of a

foot examination and risk classification (CCG average 89%, national average 88%). Data showed that 4% of patients had been excepted (CCG average 6%, national average 8%). The last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less for 88% of patients with diabetes (CCG average 79%, national average 81%). This test shows the total amount of cholesterol in the blood. Ideally it should be 5 mmol/l or less. Data showed that 30% of patients had been excepted (CCG average 13%, national average 12%). The GP had a special interest in diabetes and the practice provided a level three service for diabetic patients. Level three diabetic care is the management of patients stabilised on injectable therapies.

- Performance for mental health related indicators was better than the national average. 100% 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%). Data showed that 4% of patients had been excepted (CCG average 11%, national average 13%).
- Performance for asthma related indicators was better than the national average. 100% of patients with asthma, on the register, had an asthma review in the preceding 12 months that includes an assessment of asthma control (CCG average 79%, national average 75%). Data showed that 4% of patients had been excepted (CCG and national average 8%).
- Performance for COPD related indicators was better than the national average. 100% of patients with COPD (diagnosed on or after 1 April 2011) had their diagnosis confirmed by post bronchodilator spirometry (CCG average 92%, national average 90%). Data showed that no patients had been excepted (CCG average 9%, national average 10%).

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action had been taken, which had

# Are services effective?

## (for example, treatment is effective)

resulted in a reduction in the overall prescribing of amoxicillin by 39% and flucloxacillin by 16%. Amoxycillin and flucloxacillin are both commonly prescribed antibiotics.

- The practice audited referrals to secondary care to ensure patients were referred in a timely way using the correct referral pathway.

### 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 could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and taking blood tests.
- 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 meetings and CCG organised learning events.
- 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. Staff took part in practice and CCG organised learning sessions on a monthly basis. 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 and in-house training.

### 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. For example, the community matron or district nurses. The practice used electronic referrals where possible.

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, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice used the same clinical system as local community health services. Staff used tasks and notifications on the system to communicate regularly with community staff.

### 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.
- Smoking cessation advice was available from the practice. Data showed that 95% of patients aged 15 or over who were recorded as current smokers had a

# Are services effective?

## (for example, treatment is effective)

record of an offer of support and treatment within the preceding 24 months (CCG and national average 87%). Information was also available about local support groups.

- 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.
- Patients in need of weight management or dietary advice were referred to a local weight management program. Patients were also encouraged to use the new community walking pathway which was a half kilometre walking track.
- Patients were provided with shared management plans to help them manage long term conditions. For example, patients with hypertension (high blood pressure) were provided with their results and any recommended actions. Blood pressure monitoring devices were loaned to patients and they were provided with a template to record their own blood pressure readings to discuss at their next review appointment.
- Staff encouraged women to breastfeed their babies and signage displayed in the practice supported this. Data showed that breastfeeding prevalence increased from 37% to 64% in 2015.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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. There were failsafe systems and audits 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Uptake rates for screening were low. For example, 21% of patients aged 60 to 69 were screened for bowel cancer in the preceding 30 months (CCG average 55%, national average 58%).

The practice encouraged patients aged over 65 and those in defined clinical risk groups to be vaccinated against seasonal flu. The practice received a letter from NHS England congratulating the practice on increasing the percentage of eligible patients who received the vaccination from the previous year and achieving the national target of 75%.

Childhood immunisation was carried out by the community provider Locala. Uptake 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 97% to 99% and five year olds from 91% 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 were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The 'patient pod' was available in the waiting room which enabled patients to test their blood pressure and carry out self assessments. We observed staff assisting patients to use the equipment.

The majority of the 40 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Several patients commented that they liked having a female GP and one patient commented that they had noticed the service had improved in the last year. Two comment cards were negative but there was no pattern of concern to these comments.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said 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 most recent national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The results for the practice were varied for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% 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%.

- 80% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 96% 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%.
- 75% 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%.
- 66% 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%.
- 85% 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.

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

- 77% 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%.
- 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%.
- 60% 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%.

We spoke to three patients during the inspection, their comments did not align with the results of the survey. All three patients said they thought the care they received was good and staff were approachable, committed and caring. They all said they felt that staff listened to their concerns. Two patients said they were sometimes kept waiting at the

## Are services caring?

practice. Since the responses of the national GP patient survey were collected there had been changes in the nursing team at the practice. The practice had carried out their own survey of patients. The results showed that 83% of 70 respondents said the last nurse they spoke to was good at treating them with care and concern.

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

- Staff told us that interpretation and 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.
- Staff members were able to speak Urdu.
- The practice ensured that patients with additional communication needs were clearly documented in the patient record with the patients' preferred method of communication. Notices were displayed asking patients to inform staff of their preferences.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 166 patients as carers (6% of the practice list). They had carried out an audit in 2014 to ensure that carers were correctly identified on the clinical system. Support was offered to carers and documented in the record which had increased the number of identified carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call 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. Arrangements were in place for the GP to issue death certificates in a timely way to allow families to arrange prompt burial in line with cultural beliefs.

# 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. They offered services in line with the local care closer to home policy. For example, a level three diabetic service, ECGs, 24 hour blood pressure monitoring, smoking cessation advice and phlebotomy. They also hosted midwifery clinics.

- The practice offered extended hours clinics on a Monday evening until 8pm 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 employed a female GP to improve access for patients and the senior GP was seeking a GP partner.
- There were disabled facilities and interpretation and translation services available including facilities for patients who were hearing impaired. The practice had widened doors and lowered a section of the reception desk to improve access for wheelchair users.
- The practice took part in a CCG led demand and capacity audit. The results were not available at the time of the inspection.
- Text messages were used to remind patients of their appointments.
- The practice used to close on Wednesday afternoons, in 2016 this had been changed to improve access.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9.30am to 1pm every morning and 3.45pm to 6pm daily. Extended hours appointments were offered from 6.30 to 8pm on Mondays. In addition to pre-bookable appointments that could be

booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice encouraged patients to register for online services such as prescriptions and appointment booking.

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.

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 53% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had reviewed the results of the national patient survey and developed an action plan to improve access for patients. A new telephone system had been installed with additional telephone lines. They had also increased the number of same day appointments in response to patient feedback. At the time of our inspection the practice were conducting their own patient survey to evaluate the impact of their improvements. People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

Clinical staff 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. 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 a system in place for handling complaints and concerns.

- 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.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt



## Are services responsive to people's needs? (for example, to feedback?)

with in a timely way, openness and transparency with dealing with the complaint. The GP and practice manager invited patients to discuss their concerns as well as responding in writing. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, advising patients that they could book double appointments if they had several concerns.

However,

- The regular salaried GP was not familiar with the complaints procedure and wasn't aware that forms were available for patients.

- The policy and procedures were not in line with recognised guidance and contractual obligations for GPs in England. For example, how to contact the ombudsman if they were not satisfied with the outcome of the practice complaints procedure. The practice gave assurance that the policy and complaints information provided to patients would be updated to include this information and that complaints procedures would be discussed with staff to ensure that all staff were aware.

The practice obtained patient feedback about the complaints process by sending a questionnaire a month after complaints were resolved.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care, promote good outcomes for patients and treat all patients fairly and equally.

- Staff knew and understood the values of the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The GP had increased the clinical team and carried out work to improve the premises and increase the number of clinical rooms to improve access for patients. The practice were seeking a GP partner.
- The practice worked collaboratively with other GP practices locally and with the Kirklees GP federation 'Curo' to discuss and plan healthcare services for the local population.

### 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 implemented, reviewed regularly and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice were not aware of concerns relating to the vaccine fridge and cold chain of vaccines. They took immediate action to assist PHE to investigate the risks and reviewed arrangements to manage the cold chain and ensure staff followed procedures.
- The practice manager was a member of the clinical IT system user group. They attended meetings to discuss new changes, data quality and share good practice.

### Leadership and culture

On the day of inspection the Senior GP and practice manager 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 the senior GP and practice manager 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. This included support training for all staff on communicating with patients about notifiable safety incidents. The management 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.
- 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 met regularly and submitted proposals for improvements to

# Are services well-led?

Good 

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

the practice management team. For example, extended hours opening and access for disabled patients. The PPG members told us there were often different people at each meeting which encouraged new ideas.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Reception staff told us they were busy but well supported. Staff told us 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.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice worked collaboratively with other GP practices locally and with the Kirklees GP federation 'Curo' to discuss and plan healthcare services for the local population.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The practice had a cold chain policy to manage the preservation of the cold chain. However, practice procedures to report any temperatures out of the accepted range had not been followed and staff responsible for the cold chain were not familiar with the equipment used to monitor the temperature of the vaccine fridge.</p> <p>The registered person did not ensure that staff followed systems to monitor expiry dates for emergency medicines and equipment. Risk assessments were not carried out to identify a list of medicines that were suitable for the practice to stock. Emergency oxygen was not available at the practice.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>