

The New Brewery Lane Surgery

Quality Report

The Brewery Lane Health Centre
Thornhill Lees
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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 The New Brewery Lane Surgery on 20 July 2016. Overall the practice is rated as good. The address shown above is for the branch practice which is the address registered with the CQC. The main surgery is located at The Sidings Health Centre, The Sidings, Savile Town, Dewsbury, WF12 9QU.

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. We discussed events that had been dealt with successfully but not recorded as a significant event. We also noted that minor administrative errors were not recorded in an incident log.
- 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.
- There was an arrangement in place with local mosques to ensure that death certificates were issued quickly and to provide support to bereaved families.
- 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. In response to patient feedback the practice had improved access to appointments for both urgent and non-urgent care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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 practice provided services in line with the local Clinical Commissioning Group (CCG) 'care closer to home' policy. For example, phlebotomy, spirometry, 24 hour blood pressure monitoring and electrocardiograms (ECGs).

The areas where the provider should make improvements are:

- Improve significant event reporting to include events that are dealt with successfully and minor administrative errors.

- The practice should review the process to identify and review high risk medicines in collaboration with the pharmacist.
- Review the availability of clinical waste bins in all consulting and treatment rooms.
- Improve their systems to ensure they inform the CQC of any changes to the registered details of the service in a timely manner.
- Review their systems to ensure all GPs can readily access and contribute to shared care plans on the clinical system.

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 discussed events that had been dealt with successfully but not recorded as a significant event. We also noted that minor administrative errors were not recorded in an incident log
- The practice had employed a pharmacist to support the GPs with medicine management initiatives. We saw evidence that staff discussed prescribing guidelines at local GP cluster meetings.
- The practice did not have a defined list of high risk medicines and the processes to review these were inconsistent.
- A DBS check had not been carried out for a healthcare assistant who was a long time employee. The practice manager gave assurances that the DBS check would be carried out.
- 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Policies were accessible to all staff at both locations on the practice shared drive.
- Risks to patients were assessed and well managed.
- The new main surgery building was still under warranty. We saw evidence that the practice communicated regularly with the builder to carry out repairs.
- Emergency medicines and equipment were clearly labelled. However, emergency medicines and oxygen were not stored together and emergency medicines were locked in a cupboard at the branch surgery. The practice gave assurances that they would review the location of emergency equipment.

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

Summary of findings

national average. Performance for mental health related indicators was better than the national average. 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record (CCG average 89%, national average 88%).

- Staff assessed needs and delivered care in line with current evidence based guidance. The practice discussed NICE guidance at CCG led, GP cluster group and practice meetings. We saw how staff accessed locally developed guidance on the practice computer system
- Clinical audits demonstrated quality improvement. We saw evidence of the audit process, outcomes and shared learning.
- We looked at how GPs accessed and contributed to shared care plans and noted that some GPs could not locate them easily on the clinical system. The GPs told us they would discuss this as a team and ensure they were all able to find and record consultations on the shared care plans.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The nursing team worked together to encourage patients to attend for tests and review appointments, set their own goals and proactively manage their long term conditions, diet and fitness.
- The practice contributed to the development of and promoted patients to use a community walking track. We saw on the day of the inspection that the track was popular with the local community.
- Staff used every opportunity to encourage women to attend for cervical screening. The practice's uptake for the cervical screening programme was 72%, which was lower than the CCG and national average of 82%. Data showed that they had increased the uptake of cervical screening by 12% since 2013/14.

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 comparable to other practices for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced.
- Information for patients about the services available was easy to understand and accessible. We saw that the waiting area contained a wide variety of patient information posters and leaflets to cover subjects relevant to all age groups.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff were able to speak other languages. For example, Urdu, Punjabi and Gujarati. They told us that interpretation and translation services were available for patients who did not have English as a first language. The practice had access to interpretation services for patients who had a hearing impairment.
- Information was displayed in different languages about domestic violence and sensitive female related health and support services were displayed privately in the ladies toilet cubicle.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 33 patients as carers (less than 1% of the practice list). The practice asked all new patients if they were an unpaid carer and information displayed in the waiting room encouraged patients to tell staff if they were a carer.
- The practice had developed a bereavement pack which contained advice on how to find support locally. All patients approaching the end of life and their close family members were provided with the mobile phone number of their named GP.
- There was an arrangement in place with local mosques to ensure that death certificates were issued quickly and to provide support to bereaved families. The local Imam told us that the GPs would visit families at any time to support them.

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

Good



Summary of findings

where these were identified. The practice provided services in line with the CCG care closer to home policy. For example, phlebotomy, spirometry, 24 hour blood pressure monitoring and ECGs.

- The practice had installed a new telephone system and all telephone calls were answered by a team of staff at the Sidings location.
- The practice offered extended hours clinics on Saturday mornings until 12pm at the New Brewery Lane location for patients who could not attend during normal opening hours.
- People told us on the day of the inspection that they were able to get appointments when they needed them. They also told us that they had noticed improvements, especially with the new telephone system and the new premises, although it was still sometimes difficult to get through first thing on a morning. Urgent appointments were available the same day.
- The practice increased the availability of same day appointments in response to patient feedback.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- There were plans in place to recruit another GP from October 2016 to improve access. The practice pharmacist was undertaking additional training and it was hoped they would be able to see patients from September 2016.

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 worked collaboratively with other GP practices locally and with the Kirklees GP federation 'Curo' to discuss and plan healthcare services for the local population.
- The GPs regularly discussed local health needs with their local councillor. The councillor told us that the practice had been instrumental in the creation of the community walking track.
- 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

- The practice had reviewed the number and skill mix of staff. They increased the number of staff and encouraged them to learn additional skills. For example, phlebotomy and spirometry.
- 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.
- Staff told us the practice held regular team meetings. The practice manager also attended local practice manager meetings to discuss and share good practice.
- 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 PPG met regularly, contributed to patient surveys and submitted proposals for improvements to the practice management team. For example, improvements to the telephone system and access to appointments.
- 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 worked closely with other health and social care professionals, such as the district nursing team and community matron to ensure housebound and elderly patients received the care and support they needed.
- The practice encouraged older people to attend for screening. Uptake rates were lower than local and national averages. For example, 36% of patients aged 60 to 69 had been 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.
- Health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.

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. Staff followed long term condition templates to carry out structured annual reviews.
- Staff worked closely with the community matron in the management of housebound patients who had complex long term conditions, to ensure they received care and support.
- Patients with long term conditions at risk of unplanned hospital admission were included on the admissions avoidance register which gave patients priority access to same day appointments.
- Performance for diabetes related indicators was similar to the national average, for example, 93% of patients with diabetes, on the register, had a record of a foot examination and risk classification (CCG average 89%, national average 88%).

Summary of findings

- 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.
- Staff used online consultations where available, with hospital consultants to discuss cases and carry out shared care planning.

Families, children and young people

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

Good



- 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 72%, which was lower than the CCG and national average of 82%. Data showed that they had increased the uptake of cervical screening by 12% since 2013/14.
- Appointments were available outside of school hours and the premises were suitable for children and babies. All children who required an urgent appointment were seen on the same day as requested.
- The practice worked with midwives, health visitors and school nurses to support the needs of this population group.

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).

Good



- 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 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.

Summary of findings

- Extended hours appointments were offered at the New Brewery Lane location between 8am to 12pm on Saturdays.
- The practice offered telephone consultations to patients who were unable to attend the surgery.
- There was a practice 'pod' where patients could take their blood pressure at any time during opening hours.
- Text messages were used to remind patients of review appointments.
- Health checks were offered to patients aged between 40 and 74 who had not seen a GP in the last three years.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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.
- Information was displayed in different languages about domestic violence and sensitive female related health and support services were displayed privately in the ladies toilet cubicle.

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).

Good



- The practice provided care to 33 patients who resided in a specialist nursing care home for people with long term mental health problems. We saw evidence of good communication between the practice and staff at the home.
- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.

Summary of findings

- Performance for mental health related indicators was better than the national average. For example, 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record (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.
- The practice supported patients on shared care for opiate and alcohol dependency with a local support service.

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 access to services. A total of 368 survey forms were distributed and 115 were returned giving a response rate of 31% (national average 38%). This represented just under 2% of the practice's patient list.

- 27% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 51% 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%.
- 67% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 57% 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 79%.

The practice had reviewed the results of the national GP survey and were undertaking their own survey since the relocation to new premises. The views of patients and comment cards we received did not align with the findings of the national GP survey. The practice regularly reviewed the availability of appointments and had recently increased the number of same day appointments in response to patient feedback.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Comments included praise for named members of staff for their ongoing help and support. Many patients commented that staff were friendly, helpful and listened to patient concerns. Several patients said they were pleased with the new health centre.

We spoke with 14 patients during the inspection. They all said they were satisfied with the care they and their family members received and thought staff were approachable, committed and caring. Several patients said they liked the new building and facilities. They had noticed the improvements to the telephone system. We obtained feedback that the GPs were kind and supportive and we were told that it was easy to arrange home visits. Another patient told us how the GPs had supported them and their family during a difficult diagnosis and throughout treatment.

The results from the NHS Friends and Family test for the preceding 12 months showed that out of 123 respondents, 88% were extremely likely or likely to recommend the practice to a friend or family member.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Improve significant event reporting to include events that are dealt with successfully and minor administrative errors.
- The practice should review the process to identify and review high risk medicines in collaboration with the pharmacist.
- Review the availability of clinical waste bins in all consulting and treatment rooms.
- Improve their systems to ensure they inform the CQC of any changes to the registered details of the service in a timely manner.
- Review their systems to ensure all GPs can readily access and contribute to shared care plans on the clinical system.

The New Brewery Lane Surgery

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. Experts by experience are independent individuals who have experience of using GP services as patients.

Background to The New Brewery Lane Surgery

The New Brewery Lane Surgery delivers primary care services to 7,546 patients in Thornhill, Thornhill Lees, Savile Town and surrounding areas in Dewsbury, West Yorkshire under a personal medical services (PMS) contract.

- The GP partners self-funded new premises and the service relocated the main surgery in March 2016 to a brand new purpose built medical centre at The Sidings Healthcare Centre, The Sidings, Savile Town Dewsbury, WF12 9QU. There is a branch practice located at The New Brewery Lane Surgery, Brewery Lane, Thornhill Lees, Dewsbury, WF12 9DU.
- Both locations provide full disabled access and all services are at ground floor level. Each surgery has an adjoining pharmacy. The surgeries have car parking and are accessible by bus.

- The area is on the third most deprived decile on the scale of deprivation. Sixty per cent of the patient population is aged under 65 (national average 38%). Sixty four per cent of patients are from black minority ethnic populations.
- There are three GPs, two male and one female and three regular locum GPs who provide four to five surgeries per week. There are three female practice nurses, two female health care assistants and a clinical pharmacist. The clinical team are supported by a practice manager and a team of administrative and reception staff.
- At the time of the inspection the practice had a vacancy for one WTE GP and were hoping a new recruit would be joining the practice in October 2016.
- The main surgery is open between 8am and 6.30pm Monday to Friday. The branch practice is open 8.30am to 1pm Monday to Friday. Extended hours appointments are offered at the New Brewery Lane location between 8am to 12pm on Saturdays for pre-bookable appointments only. All telephone calls are answered at The Sidings location.
- Appointments are available at The Sidings from 8.30am to 6pm and are staggered throughout the day. Appointments with a GP or health care assistant are available from 8.30am to 12.30pm at the New Brewery Lane site. Patients can attend either location but all long term condition reviews are carried out at the main surgery.
- Out of hours care is provided by Local Care Direct which is accessed by calling the surgery telephone number or by calling the NHS 111 service.

The practice had not informed the Care Quality Commission (CQC) that the location of the main surgery

Detailed findings

had changed in March 2016. The practice manager took immediate action after the inspection to submit an application to the CQC to update the registered locations. The practice's website also displayed the previous location details. We were informed the practice manager had submitted the new information to the health informatics company who had not updated the changes at the time of the inspection.

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 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:

- Visited both locations at The Sidings and New Brewery Lane.

- Spoke with a range of staff including GPs, nurses, a health care assistant and administrative staff and spoke with patients and the patient participation group 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 a 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 carried out a thorough analysis of the significant events.
- We discussed events with staff that had been dealt with successfully but not recorded as a significant event. For example, a patient who required emergency oxygen and transfer to hospital by emergency ambulance. We also noted that minor administrative errors were not recorded in an incident log. Staff told us they would review their processes and discuss significant event reporting as a team to ensure all events were reported.

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 patient had warfarin added to their repeat prescription list without stopping and removing their previous medication. The GPs had discussed the need to be vigilant when adding new medication and the practice pharmacist had run a quarterly search on the clinical system as a failsafe. Warfarin is an anticoagulant (blood thinner) which is used to treat or prevent blood clots in veins or arteries.

The practice had a system to ensure that patient safety alerts were received and acted upon. We saw evidence that staff participated in CCG led and GP cluster group meetings where safety alerts and actions were discussed.

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 on the practice shared drive. 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 all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. Nurses were trained to level three and other staff members were trained to level one. Staff told us how they had sought advice from the local safeguarding team about dry cupping. This led to local guidance being produced for practices. Cupping therapy is a form of alternative medicine in which cups are placed on the skin to create suction.
- Notices in the waiting room and consulting rooms 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 except one, a healthcare assistant who was a long time employee. The practice manager gave assurances that a DBS check would be carried out for the health care assistant. There was a system to risk assess non-clinical staff for DBS checks. (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 practice nurse was the infection prevention and control clinical (IPC) lead who liaised with the local IPC teams and nurse meetings 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 at both locations and we saw evidence that action was taken to address any improvements identified as a result. We noted that an apron dispenser had not yet been wall mounted and

Are services safe?

there were no clinical waste bins in either the health care assistant's room or the midwife's room at the main surgery. The practice manager was in the process of ordering additional clinical waste bins.

- 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. Staff demonstrated how they maintained and recorded the temperature of the vaccination fridges at both locations. We discussed the review of high risk medicines. The practice did not have a defined list of high risk medicines and the process to review these, for example, whether patients taking these medicines had attended for the appropriate tests and review appointments were inconsistent. The GP partners gave assurances that they would address this as a matter of priority.
- 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 practice had employed a pharmacist to support the GPs with medicine management initiatives. We saw evidence that staff discussed prescribing guidelines at local GP cluster meetings. Through this they could demonstrate reductions in the overall prescribing of some medicines. 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 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. Patient Group Directions are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Patient Specific Directions are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- 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.

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 offices which identified local health and safety representatives. Both locations had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We noted one piece of equipment, a spirometer had not been calibrated. The practice manager gave assurances that it was not being used. They removed the spirometer from the treatment room to ensure it could not be used until calibration took place. 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. The practice had sought advice about legionella. Risk assessments for legionella were not required due to the age and specification of both buildings. (Legionella is a bacterium which can contaminate water systems in buildings).
- 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.
- The new main surgery building was still under warranty. We saw evidence that the practice communicated regularly with the builder to carry out repairs.

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.

Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the treatment room, GP bags and in a consulting room at the branch surgery.
- The practice had a defibrillator available at both locations and oxygen with adult and children's masks. First aid kits and accident books were available.
- 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. We saw that the emergency medicines and equipment were clearly labelled. There were regular checking procedures in place to ensure that all equipment was in good working order, and that medicine stocks were replenished when needed. However, emergency medicines and oxygen were not stored together and emergency medicines were locked in a cupboard at the branch surgery. Staff gave assurances that they would review the storage of emergency medicines and equipment and centralise the checking process at each location. There were no signs on the doors of the rooms where emergency oxygen was kept to alert people to this.
- 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.

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.
- The practice discussed NICE guidance at CCG led, GP cluster group and practice meetings. We saw how staff accessed locally developed guidance on the practice computer system. They 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 showed the practice had achieved 91% of the total number of points available with 6% exception reporting (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.

There were named GP leads for QOF improvement. This practice was an outlier for prescribing of some medicines in 2014/15. Through collaborative working with the practice and community pharmacist they demonstrated a 37% improvement in the overall prescribing of benzodiazepines and a 47% improvement in the overall prescribing of co-amoxiclav. Benzodiazepines are minor tranquillisers used to treat both anxiety and sleeping problems. Co-amoxiclav is a type of penicillin antibiotic.

Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. Data showed 93% of patients with diabetes, on the register, had a record of a foot

examination and risk classification (CCG average 89%, national average 88%). The practice was an outlier for two diabetic indicators (cholesterol and HbA1c). Staff demonstrated how they planned care and encouraged patients to set goals to improve their health but many patients did not manage their diabetes well. The HbA1c test helps to show how well blood glucose levels are being controlled. The GPs and nurses worked together with the community diabetic nurse in the care of diabetic patients.

- Performance for mental health related indicators was better than the national average. Data showed 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record (CCG average 89%, national average 88%).
- Performance for some asthma related indicators was better than the national average. Data showed 83% 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%).

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored. We saw evidence of the audit process, outcomes and shared learning.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, the GPs reviewed the number of patients on lithium therapy to ensure patients were taking the correct brand and dosage of medicine. They discussed the audit with the practice pharmacist and the pharmacists at each location. A re-audit showed all patients were taking the correct brand and dosage. Data showed that 100% of patients on lithium therapy had a record of lithium levels in the therapeutic range in the preceding four months (national average 91%). Lithium is used to treat mania that is part of bipolar disorder (manic-depressive illness).

Effective staffing

Are services effective?

(for example, treatment is effective)

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. There was also an induction pack provided for locum GPs. We saw evidence of regular clinical mentoring meetings to support the newest member of the nursing team.
- 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, carrying out phlebotomy and spirometry. A practice nurse was undertaking additional training to be able to treat minor ailments in patients.
- 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 with the practice pharmacist and at CCG led and practice 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 an annual appraisal. Staff completed a pre-appraisal self-assessment document which enabled them to identify any specific areas of further development or learning, or highlight any individual concerns. 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.
- The practice and community health services used the same clinical system. We saw how staff used tasks and notifications on the system to communicate with other services.

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. District nurses were co-located in the same building which meant that 'ad hoc' informal discussions occurred throughout the working week. 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. Regular informal clinical meetings were held in the practice. However, discussions and any agreed actions were not recorded. We looked at how GPs accessed and contributed to shared care plans and noted that some GPs could not locate them easily on the clinical system. The GPs told us they would discuss this as a team and ensure they were all able to find and record consultations on the shared care plans.

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 (MCA) 2005. Staff had access to MCA prompt cards.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance, such as Gillick competency and Fraser guidelines. These are used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.
- 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.

Are services effective?

(for example, treatment is effective)

- 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, mental health, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The nursing team worked together to encourage patients to attend for tests and review appointments, set their own goals and proactively manage their long term conditions, diet and fitness.
- Smoking cessation advice was provided by the health care assistant. Staff told us there was poor uptake as, due to cultural reasons, many patients did not admit to smoking.
- 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.
- The practice supported patients on shared care for opiate and alcohol dependency with a local support service.
- Patients in need of weight management advice and support were referred to a local weight management support group or Kirklees 'PALS' services.
- The practice contributed to the development of and promoted patients to use a community walking track. We saw on the day of the inspection that the track was popular with the local community.

Staff used every opportunity to encourage women to attend for cervical screening. The practice's uptake for the

cervical screening programme was 72%, which was lower than the CCG and national average of 82%. Data showed that they had increased the uptake of cervical screening by 12% since 2013/14. 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 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 for screening was lower than local and national averages. For example, 36% of patients aged 60 to 69 had been screened for bowel cancer in the preceding 30 months (CCG average 55%, national average 58%).

Childhood immunisations were delivered by local community provider, Locala. Uptake rates for the vaccinations given were comparable to national averages of 94%. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds from 88% to 97%.

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 that staff treated patients with kindness, dignity, respect and compassion. Patients' comments aligned with these observations.

- 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.
- Staff and patients gave us examples of where staff had offered help and support to patients and their families. For example, where a patient was discharged from hospital, the GP met with family members to plan care and support.

All of the 29 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. Many patients gave examples of ongoing support from named members of staff.

We spoke with three 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. They told us that staff cared about the whole family as well as the individual patient. 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 comparable to local and national averages for the majority of its satisfaction scores on consultations with GPs and nurses.

For example:

- 90% of patients said the GP was good at listening to them compared to the national average of 89%.

- 85% of patients said the GP gave them enough time compared to the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the national average of 95%.
- 89% 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%.
- 89% 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%.
- 58% of patients said they found the receptionists at the practice helpful compared to the national average of 87%. On the day of the inspection, all 14 patients we spoke with told us that the receptionists were polite and helpful.

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 and their families 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 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 national average of 86%.
- 78% 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 were able to speak other languages. For example, Urdu, Punjabi and Gujarati. They told us that

Are services caring?

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.

- The practice had access to interpretation services for the hearing impaired.
- Information leaflets were available in easy read format.

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. Information was displayed in different languages about domestic violence and sensitive female related health and support services were displayed privately in the ladies toilet cubicles.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 33 patients as

carers (less than 1% of the practice list). The practice asked all new patients if they were an unpaid carer and information displayed in the waiting room encouraged patients to tell staff if they were a carer. Written information was available to direct carers to the various avenues of support available to them. A patient who was also a carer for a family member told us that they had received excellent support from staff at the practice.

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 a bereavement pack with advice on how to find a support service. All patients approaching the end of life and their close family members were provided with the mobile phone number of their GP. There was an arrangement in place with local mosques to ensure that death certificates were issued quickly and to provide support to bereaved families. The local Imam told us that the GPs would visit families at any time to support them.

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. The practice provided services in line with the CCG care closer to home policy. For example, phlebotomy, spirometry (at the time of the inspection the staff member trained was on leave so this service was on hold), 24 hour blood pressure monitoring and ECGs.

- The practice offered extended hours clinics on Saturday mornings until 12pm at both locations for 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.
- The practice had increased the availability of same day appointments in response to patient feedback. 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.
- There were disabled facilities, a hearing loop and translation services available at both locations.
- There were plans in place to recruit another GP from October 2016 to improve access
- The practice pharmacist was undertaking additional training and it was hoped they would be able to see patients from September 2016.

Access to the service

The main surgery was open between 8am and 6.30pm Monday to Friday. The branch practice was open 8.30am to 1pm Monday to Friday. Extended hours appointments were offered at the New Brewery Lane location between 8am to 12pm on Saturdays for pre-bookable appointments only.

Appointments were available at The Sidings from 8.30am to 6pm and were staggered throughout the day.

Appointments with a GP or health care assistant were

available from 8.30am to 12.30pm at the New Brewery Lane site. Patients could attend either location but all long term condition reviews were carried out at the main surgery. The practice offered same day only appointments two days per week in response to patient feedback. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent and non-urgent appointments were also available for people that needed them each day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. The views of patients we spoke to and on the comment cards did not align with these results.

- 64% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 27% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The results of the survey pre-dated the changes that the service had made. For example, The practice had installed a new telephone system and all telephone calls were answered by a team of staff at the Sidings location. People told us on the day of the inspection that they were able to get appointments when they needed them. They also told us that they had noticed improvements, especially with the new telephone system and the new premises, although it was still sometimes difficult to get through first thing on a morning. The practice were undertaking a new patient satisfaction survey at the time of the inspection.

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. One patient told us they frequently needed the GPs to visit

Are services responsive to people's needs?

(for example, to feedback?)

them at home and had found it easy to arrange home visits. They told us that they had avoided hospital admission on several occasions due to the quick response and care given by the practice.

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 in the waiting rooms to help patients understand the complaints system. When patients wished to complain they were provided with information about the complaints process.

We looked at seven complaints received in the last nine 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 were instructed to always check the address as well as the name and date of birth of patients after a wrong patient attended for an appointment for a patient with the same name.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- There were clear aims and objectives and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- 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.
- The practice had reviewed the number and skill mix of staff. They increased the number of staff and encouraged them to learn additional skills. For example, phlebotomy and spirometry.
- The GPs regularly discussed local health needs with their local councillor. The councillor told us that the practice were instrumental in the creation of the community walking track.

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
- 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.

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 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 and 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. They told us they had good working relationships with open communication. The locum GP told us they were invited to attend meetings.
- The practice manager attended local practice manager meetings to discuss and share good practice.
- The practice manager maintained an overview of staff training. Staff gave examples where they had been encouraged and supported to undertake additional training and develop their knowledge and skills.
- 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.
- Large notice boards were provided and wall mounted in staff areas at both locations; we saw how these were used to communicate information such as stock ordering and checking.

Are services well-led?

Good 

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

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, contributed to patient surveys and submitted proposals for improvements to the practice management team. For example, improvements to the telephone system and access to appointments.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. 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 team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. 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. The GPs regularly discussed local health needs with their local councillor. There were plans in place to recruit another GP. The practice pharmacist was undertaking additional training and would be able to see patients from September 2016. The councillor told us that the practice had been instrumental in the creation of the community walking track.