

# Albion Mount Medical Practice

## Inspection report

47 Albion Street  
Dewsbury  
West Yorkshire  
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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 location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

## **This practice is rated as Good overall and as Requires Improvement for providing safe services.**

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Albion Mount Medical Practice on 6 June 2018. This inspection was carried out as Albion Mount Medical Practice is a newly registered provider with the Care Quality Commission.

At this inspection we found:

- The practice had systems for dealing with safety incidents and near misses. When incidents occurred, the practice learned lessons and made changes to improve processes and reduce risks.
- There were clear policies and protocols which were accessible to all staff.
- The practice undertook quality improvement activity to review and improve the effectiveness of care provided. Care and treatment was delivered in line with current evidence based guidance.

- The practice had made changes to their appointment systems in response to patient feedback. A duty doctor was available each day to cover both sites and deal with urgent or unexpected patient needs.
- We observed patients receiving kind and compassionate treatment by staff.
- The leadership team was cohesive with shared goals and vision for the practice. Staff told us they felt supported by GP partners and management.

The areas where the provider **should** make improvements are:

- Review and risk assess arrangements for emergency medicines held at the branch site of the practice.
- Review and improve their approach in relation to Disclosure and Barring Services (DBS) checks for non-clinical staff undertaking chaperone duties.
- Review and improve staff security at the main site of the practice.
- Review staff immunisation status in line with Department of Health recommendation.
- Review and take steps to improve their Quality and Outcomes Framework (QOF) exception reporting rates to ensure, as far as possible, that patients are receiving effective care.
- Continue to review and enhance their systems to identify and support those patients acting in an unpaid caring capacity.

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

## Population group ratings

<b>Older people</b>	<b>Good</b> 
<b>People with long-term conditions</b>	<b>Good</b> 
<b>Families, children and young people</b>	<b>Good</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Good</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b> 

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Albion Mount Medical Practice

Albion Mount Medical Practice is located at 47 Albion Street, Dewsbury WF13 2AJ. There is a branch site, Mountain Road Surgery, located at 111 Mountain Road, Thornhill, Dewsbury WF12 0BS. We visited both sites during the inspection. The website address for the practice is . There are currently 6,558 patients registered on the practice list. The practice provides Personal Medical Services (PMS) under a locally agreed contract with NHS England. Both premises have car parking available on site. Patient consulting rooms and waiting areas are located on the ground floor at both sites. Premises are accessible to patients with limited mobility and those who use a wheelchair. A pharmacy is attached to the main practice building.

The Public Health National General Practice Profile shows that around 34% of the practice population are of black or other ethnic minority origin. The level of deprivation within the practice population is rated as three, on a scale of one to ten. Level one represents the highest level of deprivation, and level ten the lowest. People living in more deprived areas tend to have greater need for health services.

The age/sex profile of the practice is largely in line with local and national averages. The average life expectancy for patients at the practice is 77 years for men and 81

years for women, compared to the clinical commissioning group (CCG) averages of 78 years and 81 years respectively; and the national averages of 79 years and 83 years respectively.

The practice offers a range of enhanced services which include childhood vaccination and immunisation, influenza and pneumococcal immunisations and extended hours access.

There are four GP partners, two female and two male. The clinical team is completed by one female nurse practitioner, three female practice nurses, one of whom is also a nurse prescriber and one female health care assistant. Supporting the clinical team is a practice manager, deputy practice manager and a range of administrative, reception and secretarial staff. Clinical and non-clinical staff work across both sites, although the practice manager is largely based at the main site of the practice.

The practice provides opportunities for medical students to gain experience of working in general practice. At the time of our visit one of the GP partners was being supported to complete their training to become a GP trainer, which would enable the practice to support qualified doctors wishing to specialise in general practice.

The practice opening hours are:

**Albion Mount Surgery:**

Monday 8am to 6.30pm

Tuesday 7.30am to 6.30am

Wednesday 7.30am to 7pm

Thursday 8am to 7pm

Friday 8am to 6.30pm

**Mountain Road Surgery:**

Monday 8am to 1pm

Tuesday 7.30am to 6.30pm

Wednesday 8am to 4pm

Thursday 8am to 12.30pm

Friday 8am to 4pm.

Albion Mount Surgery is registered with the CQC to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Surgical procedures
- Family planning
- Maternity and midwifery services

When the practice is closed patients are able to access out of hours care provided by Local Care Direct, which can be accessed by calling the surgery telephone number, or by calling the NHS 111 service.

# Are services safe?

**We rated the practice as requires improvement for providing safe services. This was because:**

- **Staff acting in the role of chaperone had not received DBS checks, nor had appropriate risk assessments had not been carried out in this regard.**
- **We were not assured that appropriate risk assessments had been carried out in relation to the emergency medicines held on site at the branch site of the practice.**

## Safety systems and processes

The practice had some systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role. At the time of our visit staff carrying out this role had not received a DBS check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Following receipt of the draft inspection report, the practice told us they would review their approach in this regard.
- Staff worked with other agencies, and took appropriate steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. Staff received hepatitis B vaccination and were offered annual seasonal flu vaccination. Following our feedback the practice told us they had also developed systems and processes to review staff immunisation status more fully, in line with Department of Health guidelines.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens were appropriate.

## Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. Only one GP and one practice nurse were able to take planned leave at the same time.
- Although the practice told us they did not use temporary staff, an induction programme was in place to support staff new to the practice.
- The practice had arrangements in place to deal with medical emergencies. However, we saw that the branch site did not have access to a defibrillator, and that emergency medicines were limited. Following receipt of the draft report, the practice provided evidence that a defibrillator had been purchased for the branch site. Staff had received training in basic life support.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. A screening tool/prompt was available on the clinical system to support assessment by clinicians in this regard.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

## Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. The practice received support from the CCG medicines management team. They benchmarked their performance with other practices in North Kirklees CCG. The practice provided us with evidence which showed they had reduced their antibiotic prescribing levels by 13% in the previous year.
- There were effective protocols for verifying the identity of patients during telephone consultations, or online requests for appointments or prescriptions.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

### Track record on safety

The practice had an awareness of safety issues.

- Risk assessments in relation to safety issues had been carried out. During our visit we identified some health and safety issues on site. We saw that a fire door had been wedged open, which represented a fire hazard. In addition, we identified loose paving stones to the exterior of the building, which represented a trip hazard. Following receipt of the draft report, the practice

provided evidence that the issues in relation to the loose paving had been addressed. They also told us they would ensure all staff were aware of appropriate health and safety procedures in relation to fire in future.

- There were some risks to staff in relation to the layout of the main practice site. Patients were able to access clinical rooms before passing through the patient waiting area or reception area. Staff were aware of this issue. They told us they would review the situation and seek to improve safety arrangements on site. Following our inspection the practice told us they were costing arrangements to install security key pads on internal doors at both the main and branch sites of the practice.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were appropriate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

## We rated the practice and all of the population groups as good for providing effective services.

Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients were encouraged to register for online access to book or cancel appointments and request repeat medicines. We saw that 33% of patients had registered for this service. Staff supported patients who were uncertain of how to register, and provided practical support to register and/or download the appropriate 'app' onto their smartphone.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff were able to provide information and advice to patients to inform them of options available to them if their condition got worse and where to seek further help and support. Non-clinical staff made use of a comprehensive triage assessment tool which guided them in providing safe and relevant advice to patients.

#### Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used a frailty tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice provided GP services to a number of nursing and residential homes for older people. Before the inspection we sought feedback from two of these

homes. They told us the practice worked effectively with staff and residents to provide appropriate care, including advance care planning for patients approaching the end of life.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any additional or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. The practice liaised as appropriate with relevant health and other professionals to meet the needs of this group of patients.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice provided a level two diabetic service. This meant it was able to support in-house patients whose diabetes was controlled with injectable therapies.
- GPs followed up patients who had received treatment in hospital or through out of hours services for any acute exacerbations of their condition.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice had a higher than average exception reporting rate for patients with asthma and hypertension. We explored this during the inspection. The practice told us they sent patients three appointment letters, after which the patients were deemed as not wishing to receive the intervention. However, they told us that in some cases the reviews were completed later, which meant that patient care was not being compromised. Following receipt of the

## Are services effective?

draft inspection report, the practice informed us that they were carrying out discussions with the data quality team and with other practices, to identify the reason for higher than average exception reporting rates in some cases.

- The practice had achieved higher than local and national average results in relation to patients with asthma receiving a review in the preceding 12 months.
- The practice had achieved higher than local and national average results in relation to patients with diabetes who had an HbA1C result which was in normal ranges in the preceding 12 months. HbA1C monitors the amount of glucose in the haemoglobin in the blood and is an indication of how well diabetes is being controlled.

Families, children and young people:

- Childhood immunisations were carried out by a local social enterprise organisation in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice had regular meetings with the health visiting team to share information and plan care for children and families with additional medical or social needs. New baby (6-8 week) checks were carried out by the GP in the practice.
- The practice hosted a weekly midwifery clinic.

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

- The practice's uptake for cervical screening was 73%, which was the same as the local average, and comparable to the national average of 72%. The practice told us there were some challenges in relation to their uptake of cervical screening due to cultural issues and beliefs amongst some of their patient population. Staff who shared the same ethnicity encouraged uptake and endeavoured to explain the value of the screening test and reduce anxieties about undergoing the procedure.

- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Students who attended university or college out of the area were able to register at the practice temporarily for three months during the summer break when they returned home.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered annual health checks to patients with a learning disability.
- Residents at a nearby bail hostel accessed GP services from the practice. The practice worked closely with local support services including drug and alcohol services and local authority housing services, to help meet the additional needs experienced by this group of patients.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to smoking cessation services. There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The practice had access to 'Admiral' nurses who provided additional support to older patients with a mental health condition.



## Are services effective?

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was higher than the local and national average of 84%.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was in line with the local and national averages of 91% and 90% respectively.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was above the local and national averages of 92% and 91% respectively.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, an audit into contraceptive implants had been carried out. The findings were that appropriate checks and advice had been given in all cases, and that removals had been carried out appropriately in line with patient wishes or clinical need.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice was part of a local GP federation. The federation had a number of initiatives planned or underway. These included an extended access scheme, review of childhood immunisation delivery arrangements and a more equitable allocation of nursing homes to practices in the locality.

- The practice had a higher than average overall exception reporting rate. Exception reporting is the removal of patients from Quality and Outcomes Framework (QOF) calculations where, for example, patients are unable to attend a review meeting, or where certain medicines cannot be prescribed due to side effects or interactions with other medicines. We explored the reasons for this during the inspection. The practice told us a number of their patients were resident in nursing homes which meant that some treatments

were not appropriate for this group of patients. They told us they offered three appointments for those patients for whom interventions and reviews were appropriate before exception reporting them. Following receipt of the draft inspection report, the practice informed us that they were carrying out discussions with the data quality team and with other practices, to identify the reason for higher than average exception reporting rates in some cases.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long-term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were given opportunities to maintain and develop their skills.
- The practice provided staff with ongoing support. This included an induction process, appraisals and access to clinical mentoring and advice when required. The practice assured themselves of the competence of staff employed in advanced roles by informal audit of their clinical decision making, including non-medical prescribing.
- The practice had appropriate systems in place to support and manage staff when performance issues arose.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

## Are services effective?

- From discussions with staff we learned that all appropriate staff, including those in different teams, services and organisations were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long-term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients; and with health visitors and community services for children who had relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health. A local social prescribing scheme provided additional support to help counteract social isolation and encourage engagement with other services and agencies relevant to their circumstances.
- One of the GPs was trained to provide additional support and guidance for patients dealing with alcohol related problems.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

**Please refer to the Evidence Tables for further information.**

# Are services caring?

## We rated the practice as good for caring.

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients we received in person and from CQC comment cards was mostly positive about the care and treatment provided by staff.
- Staff demonstrated their understanding of the impact of personal, cultural, social and religious needs on health choices made by patients.
- The practice gave patients timely support and information.

### Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given).

- Telephone or face to face interpreters were available for patients who did not have English as a first language. In addition, some staff spoke languages appropriate to the patient group.
- Staff communicated with people in a way that they could understand, for example patient information could be provided in large font when required to aid patients with visual impairment.

- The practice was able to access advice and information from a sensory services support team when required.
- Staff signposted patients to additional community and advocacy services when necessary. As part of the CCG Quality Improvement Activity (QIA) scheme the practice were preparing to provide all newly identified carers with an information pack which provided detailed information about support and other guidance available locally.

### Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of maintaining the dignity of patients and showing respect to their circumstances and needs.
- Conversations at the reception area at the main site could not be overheard by patients in the waiting room. Seating in the waiting area at the branch site had been arranged to optimise confidentiality when patients approached the reception desk.
- A private room could be provided if patients wanted to discuss sensitive issues or appeared distressed.

### Please refer to the Evidence Tables for further information.

# Are services responsive to people's needs?

**We rated the practice, and all of the population groups, as good for providing responsive services.**

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Online access to book appointments or request repeat prescriptions was available. An on-call GP was available each day on a rota basis to cover both sites and deal with urgent and unexpected patient need. Telephone triage, on the day appointments or home visits were available according to need.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- One of the GPs who had additional expertise in surgical procedures was able to carry out joint injections in patients' homes when they were housebound and unable to attend surgery.
- Before the inspection we sought feedback from two nursing homes for older people. They told us the practice responded appropriately when they requested advice, medicines support or home visits.
- The practice provided examples when staff had delivered prescriptions or medicines to patients' homes when they were unable to arrange collection themselves.

### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet patients' needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

### Families, children and young people:

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- The practice held monthly meetings with the health visitor to update patient records and plan future care.
- Children under two years were given a same day appointment upon request.

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

- The needs of this population group 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 had two sites, and patients were able to access appointments at either to suit their needs. Telephone triage and online services were available.
- Alcohol and depression questionnaires were available on line for patients to complete to assess their health before choosing whether or not to seek additional support from the practice.
- Extended hours were offered on Tuesday morning at both sites from 7.30am to 8am; on Wednesday morning and evening at Albion Mount site from 7.30am to 8am and from 6.30pm to 7pm and on Thursday evening at Albion Mount site from 6.30pm to 7pm. In addition, the local federation was in the process of preparing to offer additional extended hours on weekdays and weekends from three hubs across the district.
- A college was due to open close to the site of Albion Mount Medical Practice, and the practice had approached the college management to offer their services in supporting students in relation to their sexual health and contraceptive needs.

### People whose circumstances make them vulnerable:

## Are services responsive to people's needs?

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- A bail hostel was situated adjacent to the practice. The practice worked with other appropriate support services to provide the additional support and monitoring required for this group of patients.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode

People experiencing poor mental health (including people with dementia):

- Staff we spoke with had an understanding of how to support patients with mental health needs and those patients living with dementia.
- Practice staff had accessed dementia friendly training.
- GPs had access to appropriate pre-dementia assessment tools and were able to refer to a memory clinic when appropriate.
- The practice had input from 'Admiral' nurses who worked to provide additional support to older patients with mental health needs.
- The practice provided an example of when they had proactively followed up a patient with mental health needs when they failed to attend for reviews, resulting in appropriate urgent care and treatment being provided.

### Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system had improved with recent changes.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. At the time of our visit verbal complaints were not routinely collated. Following our feedback, the practice responded by preparing information for patients which enhanced the process of making verbal or written complaints.
- The complaint policy and procedures were in line with recognised guidance. At the time of our visit we saw that Parliamentary and Health Services Ombudsman (PHSO) details were not included in response letters to patients. Following our feedback, the practice responded and the letter template was changed before the inspection was completed. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following a complaint where a patient had been booked in for the wrong procedure; staff were reminded to document carefully as much information as possible relating to the reason for appointments.

**Please refer to the Evidence Tables for further information.**

# Are services well-led?

**We rated the practice as good for providing a well-led service.**

## **Leadership capacity and capability**

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- GPs and practice management were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## **Vision and strategy**

The practice had a clear vision and credible strategy to deliver excellent care, with dignity, respect and compassion.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff understood the practice ethos, and were aware of their role in delivering this.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

## **Culture**

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on delivering a personalised, holistic service to patients.
- Processes and policies were in place to deal with behaviour and performance inconsistent with the practice ethos.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and personal development conversations. All staff received annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff were considered valued members of the practice team. They were given allocated time during protected learning events to undertake mandatory and development training appropriate to their role.
- Nursing staff received clinical mentorship and support from the medical staff.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## **Governance arrangements**

There were responsibilities, roles and systems of accountability to support good governance and management.

## Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established some policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We identified some gaps in relation to emergency equipment and medicines at the branch site of the practice. In addition staff acting as chaperones had not received a DBS check at the time of our inspection. Following receipt of the draft report the practice provided evidence that a defibrillator had been purchased for the branch site. They also told us they were reviewing their processes in relation to DBS checks for chaperones.

### Managing risks, issues and performance

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety. During our inspection we identified some shortfalls in relation to health and safety in the practice. We saw that a fire door had been wedged open. We also noticed a loose paving stone to the exterior of the practice building. Following receipt of the draft report, the practice provided evidence that improvements to the loose paving stone had been completed, and that they had revisited their approach to health and safety assessments and implementation of actions.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Quality improvement activity had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account. The practice benchmarked their performance against other practices in the CCG across a range of markers including prescribing activity, accident and emergency and walk in centre attendance. We saw figures which showed the practice was performing well in all regards.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were clear arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. At the time of our visit the practice was working with other practices in the locality to develop clear systems and protocols to meet the expectations of General Data Protection Regulation (GDPR).

## Are services well-led?

### **Engagement with patients, the public, staff and external partners**

The practice involved patients, staff and external partners to support high-quality sustainable services.

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. A virtual PPG group was in existence. In order to enhance patient experience of providing feedback the practice had a "you can help us to get better" initiative which was advertised at both sites of the practice, where slips could be completed to put forward for suggestions as to how the practice could improve patient experience.
- The service was transparent, collaborative and open with stakeholders about performance.

### **Continuous improvement and innovation**

There was evidence of systems and processes for learning, continuous improvement and innovation.

- Staff were encouraged to continue to learn and enhance their skills. One of the partners was being supported to qualify as a GP trainer.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice was part of the local GP federation which was establishing shared services and developing joint commissioning bids to enhance and standardise the care and treatment options available to patients in the locality.

**Please refer to the Evidence Tables for further information.**