

Wetherby Surgery

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wetherby Health Centre on 1 July 2015. Overall the practice is rated as good.

Specifically, we rated the practice as good in providing safe, effective, caring, responsive and well-led services and care for all of the population groups it serves.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients said they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Overall risks to patients were assessed and well managed.

- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Information about services and how to complain was available and easy to understand. Complaints were addressed in a timely manner and the practice endeavoured to resolve complaints to a satisfactory conclusion.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients.

However, there was an area of practice where the provider needs to make improvements. Specifically, the provider should:

- Ensure the room door is locked where emergency medicines are kept, as this is in a patient accessible area.

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 good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Patients who were identified as being at risk were monitored and the practice worked with other agencies to safeguard children, young people and adults whose circumstances may make them vulnerable.

There were enough staff to keep patients safe. The premises were clean and well maintained and risks of infection were assessed and managed. There were processes in place for safe medicines management. However, emergency medicines were stored in a patient accessible area and the room door was not always kept locked.

Good



Are services effective?

The practice is rated good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation, this included assessing mental capacity and promoting good health. There was evidence of appraisals, personal development plans and that staff had received training appropriate for their roles. The practice worked with other health and social care professionals to provide effective care and support to patients.

Good



Are services caring?

The practice is rated good for providing caring services. Data showed patients rated the practice in line with other practices in the locality for several aspects of care. Patients who responded to CQC comment cards and those we spoke with during our inspection said they were treated with compassion, dignity and respect. They were involved in decisions about their care and treatment. Care planning templates were available for staff to use during consultation. Information was available to help patients understand the services provided. We observed staff treated patients with kindness, respect and ensured confidentiality was maintained.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team, Leeds North Clinical Commissioning Group (CCG) and other local GP practices to secure improvements to services where these were identified. The practice had good facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system. Evidence showed the practice responded to issues raised and learning from complaints was shared with staff. Patients said they had not always been able to see the same doctor for an ongoing condition to support continuity of care. However, urgent appointments were available on the same day as requested.

Good



Are services well-led?

The practice is rated good for providing well-led services. It had a clear vision and strategy and staff were clear about their roles and responsibilities in relation to this. All new staff had received an induction. There was a clear leadership structure and staff felt supported by the GPs and management. The practice had a number of policies and procedures in place and held regular practice meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from patients, using patient surveys and the NHS friend and family test. Staff told us they were encouraged to raise any concerns, ideas and make suggestions to support quality service delivery and patient care.

Good



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 good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. All patients over 75 years of age had a named GP. The practice was responsive to the needs of older people, offering home visits and longer appointments. The practice worked closely with relevant health and social care professionals to deliver a multidisciplinary package of care. They also worked with voluntary services, such as Wetherby in Support of the Elderly (WISE) and the Home from Hospital Service operated by the Red Cross, to support older people to live independently in their own homes.

Good



People with long term conditions

The practice is rated good for the care of people with long term conditions. The GPs and nursing staff had lead roles in chronic disease management such as diabetes and respiratory conditions. Chronic disease management templates were used to support consistent delivery of care. Longer appointments and home visits were available when needed. There were structured annual reviews in place to check the health and medication needs of patients were being met. Wetherby Health Centre, in conjunction with four local practices, had co-funded the employment of three additional nurses to work with the practices in relation to the hospital admission avoidance scheme. Patients who were identified as being at high risk for a hospital admission were managed and supported to reduce their risk of an unnecessary admission.

Good



Families, children and young people

The practice is rated good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident & emergency department (A&E) attendances. The practice provided sexual health support and contraception, maternity services and childhood immunisations. Data showed immunisation uptake rates were at or above average for Leeds North Clinical Commissioning Group. Appointments were available outside of school hours and the premises were suitable for children and babies. Staff we spoke with told us children would always be seen on the same day as requested if needed.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated good for the care of working age people (including those recently retired and students). Although the practice did not have extended hours they would offer appointments at the beginning or end of surgery to accommodate patients who found it difficult to attend during normal surgery hours. They also offered telephone consultations. For patients who could not access the surgery for their prescriptions during the week, these were sent to the local chemist for a Saturday collection if needed. There was a range of health promotion and screening programmes offered, which reflected the needs of this population group.

People whose circumstances may make them vulnerable

Good



The practice is rated good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances, including those who had a learning disability. These patients were offered an annual health check and longer appointments were available where required. The practice advised vulnerable people how to access various support groups and voluntary organisations. It regularly worked with multidisciplinary teams in the case management of vulnerable people. For example, they hosted weekly sessions run by a local agency to support people who had a drug or alcohol addiction.

Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated good for the care of people experiencing poor mental health, including people with dementia. Annual health reviews, longer appointments and appropriate home visits were offered for all patients within this population group. Ninety five percent of patients who had a diagnosis of dementia had received a face to face review of their care needs. This was significantly higher than the 84% average for local practices.

Summary of findings

The practice worked with other multidisciplinary teams in the case management of people in this population group. They informed patients how to access various support groups and voluntary organisations. For example, signposting patients and carers to the Alzheimer's Society.

Summary of findings

What people who use the service say

We received 22 CQC comment cards where patients shared their views and experiences of the practice. The majority of the comments on the cards were positive and complimentary. Many cited the staff as being caring, polite and treating them with dignity and respect and the service they received as being 'excellent'. However, some of the comments patients made related to them not always being able to see the same doctor for an ongoing condition. The practice informed us they had recognised this had been an issue as a result of the situation they had been in, due to only having one permanent GP. They were confident this issue would improve as they now have the availability of regular GPs in place, to support continuity of care for patients.

We also spoke with seven patients on the day of our inspection, the majority of who were elderly or retired. Their comments aligned with those received on the comment cards and, again, identified they often saw a different doctor. However, they all commented very positively on the care they received.

We looked at the National Patient Survey (January 2015), which had sent out 244 questionnaires and 118 responses had been returned (a 48% completion rate). Seventy one percent of respondents said they usually got to see/speak with their preferred GP. This was higher than the CCG average of 61%. In addition, 99% of respondents said they had confidence and trust in the last GP they saw or spoke with.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure the room door is locked where emergency medicines are stored, as this is in a patient accessible area.

Wetherby Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a second CQC inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to Wetherby Surgery

Wetherby Health Centre is located in a Local Improvement Finance Trust (LIFT) purpose built health centre situated in Wetherby town. The main surgery has operated from this site since 2008. There is also a branch surgery based at Harewood, which has a small dispensary for the 800 patients it serves in that area. There is no dispensary at the main branch.

The practice provides services for a population of 3696 patients under the terms of a locally agreed NHS General Medical Services (GMS) contract. The majority of the registered patients are of white British origin. The practice has a higher than average number of patients aged over 50 years, in comparison to national figures.

Wetherby Health Centre is registered to provide the following regulated activities: treatment of disease, disorder or injury; family planning; diagnostic and screening procedures.

The practice has a male GP lead and three female salaried GPs. The lead GP is currently an elected non-executive director for Leeds North Clinical Commissioning Group (CCG) and also chairs the local GP group for the Wetherby area. The nursing team consists of two female practice nurses and a healthcare assistant. The non-clinical staff

consists of a practice manager who leads a team of administration and reception staff. Two of the reception staff are trained to be dispensers at the Harewood branch surgery. Staff rotated between the two locations.

Wetherby Health Centre is open between 8am and 6pm Monday to Friday. The Harewood branch surgery is open Monday, Wednesday, Thursday, Friday between 8.30am and 12.30pm and 3.30pm to 6pm on Tuesday.

Patients can access the appointment system in person at reception, by telephone or online via the practice website. Some appointments are pre-bookable and others are bookable on the day. The practice also offers same day appointments for urgent cases. When the practice is closed, out of hours cover for emergencies is provided by NHS 111 and Leeds Primary Care Trust.

We were told how the practice had managed the delivery of services and patient care during the period after two of the three GP partners and a practice manager had resigned. Staff told us some of the difficulties they had encountered during this time, including the unsuccessful attempts to recruit further GPs. At the time of our inspection the practice was in the final stages of being taken over by OneMedicalGroup. As a result of this, the availability of regular GPs had increased.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is

Detailed findings

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.

Please note that when referring to information or data throughout this report, for example any reference to the Quality and Outcomes Framework or NHS England GP Patient Survey, this relates to the most recent information available to CQC at that time.

How we carried out this inspection

Before visiting the practice we reviewed information we held and asked other organisations, such as NHS England and Leeds North Clinical Commissioning Group, to share what they knew about the practice. We also reviewed policies, procedures and other information provided by the practice before the inspection day.

We carried out an announced inspection visit at Wetherby Health Centre on the 1 July 2015. We visited the main surgery at Wetherby but were unable to visit the branch surgery at Harewood due to its limited opening hours on the day. During our visit we spoke with a range of staff, including two GPs, the practice manager, a practice nurse, a health care assistant, a practice administrator and two receptionists; one of whom was a dispenser at the Harwood branch surgery. Additionally, we spoke with a representative from OneMedicalGroup. We also spoke with seven patients who used the service.

We observed communication and interactions between staff and patients, both face to face and over the telephone, within the reception area. We reviewed 22 CQC comment cards where patients had shared their views and experiences of the practice. We also reviewed NHS England GP patient survey data relating to the practice.

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 are provided for specific groups of people and what good care looks 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)

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. These included reported incidents, national patient safety alerts, clinical audits, comments and complaints received from patients.

The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses. We reviewed safety records, incident reports and saw evidence in governance and clinical meeting minutes where these were discussed.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of significant events which had occurred during the last twelve months and saw the system was followed appropriately. We were informed there was a central reporting system where the practice manager and GPs would deal with any issues. Incidents were discussed at clinical and staff meetings and made available on the practice computer system for all staff to have access.

We were given a recent example of an incident involving a patient who had also made a complaint. We saw evidence of the reporting system, action taken and learning identified from the incident; which reflected the practice protocol.

National patient safety alerts were disseminated by the practice manager to all staff. These were also raised at clinical and staff meetings. We saw minutes that evidenced this. Staff we spoke with were able to give examples of recent alerts which were relevant to the care they were responsible for.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to children, young people and adults whose circumstances may make them vulnerable. The practice had a designated GP lead for safeguarding vulnerable adults and children, who had completed safeguarding training relevant to the role. All staff we spoke with were aware of who the lead was and how they would contact the appropriate agencies. Staff gave us examples where they had identified a

safeguarding concern and what actions they had taken. Safeguarding policies and procedures were available and easily accessible for all staff. We saw evidence that all practice staff had received safeguarding training.

There was a system in place on the practice's electronic records to highlight vulnerable patients. This included information to make staff aware of any relevant issues when patients attended for appointments. For example, children who were subject to a child protection plan. The practice held monthly meetings with other health professionals, such as the health visitor and district nurse, to discuss concerns and share information about vulnerable patients.

There was a chaperone policy in place and a poster was displayed in the reception area alerting patients to the availability of a chaperone if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.) The policy was available on the practice computer system and was due for review in June 2017. All staff who undertook chaperone duties had been trained and had received Disclosure and Barring Service (DBS) checks. Staff could explain their responsibilities when undertaking this role, including where to stand to be able to observe the examination. It was recorded on the patient's electronic record if a chaperone had been present during their consultation.

Medicines management

We looked at the areas where medicines were stored at Wetherby Health Centre. All were stored securely with the exception of the emergency medicines which were kept in a room located in a patient accessible area. At the time of our inspection we observed the room was not locked. We were told the reason for this was that not all authorised members of staff had a key. The practice manager advised us the room would be locked in future until they had a keypad installed, thereby negating the need for keys.

Vaccines were stored in locked refrigerators and a policy was in place for ensuring vaccines were kept at the required temperatures. There were processes to check refrigerator temperatures on a daily basis and that vaccines were within their expiry date. We saw evidence of records

Are services safe?

being kept to reflect these processes. We checked a sample of vaccines and observed they were all within their expiry dates. The practice informed us expired and unwanted medicines were disposed of in line with waste regulations.

We were informed it was the responsibility of the nursing staff to ensure all medicines and vaccines were in date. We were shown the system in place they used to check the GP bags, which included details of what medicines they had and expiry dates. A sample of GP bags were checked and found to be in order.

Requests for repeat prescriptions were taken in person at the reception desk, by post or over the internet. Administration/reception staff told us the checks undertaken prior to dispensing a prescription. For example, name, address and date of birth of the patient. All prescriptions were reviewed and signed by a GP before they were issued. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

There was a dispensary at the Harewood branch surgery which we were unable to visit on the day of the inspection due to the limited opening hours. We were told the arrangements in place for the security of the dispensary, which was only accessible to authorised staff. The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. We saw evidence the practice recorded and monitored any dispensing errors or near misses and regular audit of prescribing and dispensing arrangements were carried out. We spoke with a receptionist who also acted in the capacity of a dispenser. They described comprehensively the system for dealing with prescriptions, the dispensing of medicines and stock control. We were informed the dispensing staff worked in twos to support checking of medicines before they were issued. All dispensing staff had received relevant training, had regular updates and had access to a clinician at all times.

Cleanliness and infection control

We observed the premises to be clean and tidy. We were informed cleaning schedules were organised by NHS Property Services who also ensured a risk assessment had been undertaken for legionella (a bacterium which can contaminate water systems in buildings). Personal protective equipment including disposable gloves and

aprons were available for staff to use. Hand washing sinks with hand soap, antibacterial gel and hand towel dispensers were available in treatment rooms. Sharps bins were appropriately located and labelled. The practice had access to spillage kits to support the safe and effective clean-up of bodily fluid spillages, for example blood or vomit.

There was a designated lead for infection prevention and control (IPC), who had been suitably trained. There was an IPC policy in place and we were shown the latest IPC audit, which had been undertaken in May 2015. There was an action plan and the IPC lead confirmed what actions had been implemented.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us a schedule was in place to ensure all equipment was tested and maintained regularly. All portable electrical equipment was routinely tested. The sample of equipment we inspected had up to date Portable Appliance Tests (PAT) stickers displaying the last testing date. We saw evidence of calibration of equipment, for example weighing scales and blood pressure measuring devices.

Ordering of new or replacement equipment was undertaken by the nursing staff who informed the practice manager, or discussed any issues with them as needed.

Staffing and recruitment

The practice had a recruitment policy setting out standards they followed when recruiting clinical and non-clinical staff. We looked at two staff files and confirmed pre-employment checks were in place in line with the practice policy. For example, proof of identification, references and DBS checks. There was a comprehensive induction programme in place. We spoke with a new member of staff who told us about their induction process and how they had been supported in their new role. They were very complimentary about the process they had undertaken and the support they had received from all team members.

Staff told us about the arrangements for planning and monitoring the number and mix of staff required by the

Are services safe?

practice to meet the needs of patients. They told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

There was an arrangement in place for non-clinical staff to cover each other's annual leave and sickness. Locums were used for GP cover as necessary and a locum induction pack was available. Locums were also used when practice nurses were on annual leave. Locum cover for clinical staff was accessed from a central source, to ensure consistency and support continuity of care. We were informed there was also a central team of administrative support who could be accessed by telephone as the need arose. The availability of these staff had been supported by the input of OneMedicalGroup.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the environment, staffing, medicines management, equipment and dealing with emergencies. There was a health and safety policy in place and safety information was displayed for staff to see.

The practice looked at safety incidents and concerns raised and identified how they may have been avoided. They also reported to external bodies such as NHS England and Leeds North Clinical Commissioning Group in a timely manner. We saw evidence that risks, significant events and complaints were discussed at clinical governance meetings and team meetings.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). Members of staff knew the location of this equipment and how to use it. Records showed all staff had received training in basic life support.

Emergency equipment and medicines were available. Staff told us these were checked on a daily basis and we saw records confirming this. We checked the equipment and medicines at the time of inspection and found all medicines were in date and the equipment was fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Identified risks included power failure, loss of premises and loss of telephone systems. The document also contained relevant contact details for staff to refer to, for example the utility company if power was lost. The document was available on the practice computer system and the practice manager held a hard copy.

There were arrangements in place to protect patients and staff from harm in the event of a fire. For example, fire equipment checks and fire drills were undertaken. All staff had received fire safety training and there was a list available of identified fire marshals.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff demonstrated a good understanding and working knowledge of clinical guidelines they accessed from the National Institute for Health and Care Excellence (NICE) and local commissioners. The GPs and practice manager attended meetings with representatives and other clinicians from OneMedicalGroup where new guidelines were disseminated and any implications for practice performance were discussed. Clinical staff described how they carried out comprehensive assessments of patients' health needs in line with these guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients who had diabetes had regular reviews and were referred to other services when necessary.

The GPs and practice nurses had a lead in specialist clinical areas such as diabetes, respiratory conditions and palliative care. The practice had registers for patients who had a long term condition or required palliative care. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. We were told this supported all staff to review and discuss new best practice guidelines.

The practice nurse we spoke with told us how they supported patients. They used personalised self-care management plans with patients as appropriate, raised awareness of health promotion and referred/signposted to other services when required. For example, referring patients who had diabetes to podiatry services or for eye screening.

Wetherby Health Centre, in conjunction with four local practices, had co-funded the employment of three additional nurses to work with the practices in relation to the hospital admission avoidance scheme. These nurses supported those patients who had been identified as being most at risk of an unplanned hospital admission. These patients were reviewed regularly to ensure their needs were being met to assist in reducing the need for them to go into

hospital. They were also discussed at multidisciplinary meetings with other health professionals such as district nurses, to ensure a cohesive and consistent package of care and support was provided for those patients.

Interviews with staff showed the culture of the practice was that patients were cared for and treated based on need. The practice took into account a patient's age, gender race and culture as appropriate and avoided any discriminatory practises.

Management, monitoring and improving outcomes for people

Information about patients' care, treatment and their outcomes was routinely collected and monitored. This information was used to improve patient care. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, managing child protection alerts and medicines management. The information staff collected was then collated to support the practice to carry out clinical audits and other improvements to the service.

We were told it had been difficult to complete clinical audit cycles due to the lack of consistent GPs over the past two years. We were informed by the practice and OneMedicalGroup that a programme of clinical audit was being developed and would be put in place. They would then use the results from these to monitor effectiveness and improvements in patient care, along with other sources of information available, for example QOF and prescribing information. We were shown several examples of audits which had been undertaken within the past twelve months, for example antibiotic prescribing and the use of disease modifying drugs. Following each clinical audit changes to treatment or care had been made where needed and a date identified to repeat the audit to ensure outcomes for patients had improved. We were assured these would be repeated in line with the review dates.

Information collected for the quality and outcomes framework (QOF) and performance against national screening programmes was used to monitor outcomes for patients. (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures.) In 2014 Wetherby Health Centre had achieved 98.2% of the total QOF target, compared to

Are services effective?

(for example, treatment is effective)

the local Clinical Commissioning Group (CCG) average of 96.7%. The practice had achieved 100% for many of the QOF domains in dementia, depression, osteoporosis and palliative care.

Effective staffing

Practice staff included medical, nursing, dispensing, managerial and administrative staff. We reviewed staff training records and saw staff were up to date with essential training courses, such as basic life support and fire safety.

GPs were up to date with their continuing professional development requirements and all had either been revalidated or had a date for revalidation. Every GP is appraised annually and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council (GMC) can the GP continue to practise and remain on the performers list with NHS England.

Practice nurses were expected to perform defined duties and were able to demonstrate they were trained to fulfil these duties. The practice nurses were registered with the Nursing and Midwifery Council (NMC). To maintain registration they had to complete regular training and update their skills. The nurses we spoke with confirmed their professional development was up to date and they had received training necessary for their role. The practice manager told us the procedure used for checking all clinical registrations.

All staff had annual appraisals which identified any learning needs from which personal development plans were documented. The practice manager showed us the training matrix they used to monitor any training or updates staff required. They also kept a manual copy as a failsafe. The practice took time out to attend specific training and learning sessions, known as TARGET events, which were supported by the local Clinical Commissioning Group.

All the staff we spoke with told us they felt supported in their role and confident they could raise any issues or concerns with the GPs or practice manager.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage those patients who had complex needs. It received blood test results, X-ray results, letters and discharge summaries from other services, such

as hospitals and out-of-hours services, both electronically and by post. All staff we spoke with understood their roles and responsibilities when processing the information. There were systems in place for these to be reviewed and acted upon where necessary by clinical staff.

The practice held monthly multidisciplinary team (MDT) meetings to discuss the needs of patients with complex needs. For example, those with multiple long term conditions, mental health problems, end of life care needs or patients who were vulnerable or at risk. These meetings were attended by a range of health and social care staff, such as health visitors, palliative care nurses and members of the district nursing team.

Wetherby Health Centre also met with other practices in the area to share information, best practice and look at developing services to meet the needs of the local population.

Information sharing

The practice used electronic systems to communicate with other providers. There was a shared system with the local GP out-of-hours (OOH) provider to enable patient data to be shared in a secure and timely manner. We were told information regarding patients who had complex health conditions was faxed securely to the OOH provider. For example, those who were on an end of life care pathway and/or had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in place. This was to ensure continuity of care and avoid any unnecessary distress to patients.

Staff used an electronic patient record to co-ordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from the hospital, to be saved in the system for future reference.

Electronic systems were in place for making referrals which, in consultation with the patients, could be done through the Choose and Book system. The Choose and Book system is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Consent to care and treatment

We found staff were aware of the Mental Capacity Act 2005 and Children Acts 1989 and 2004. All the clinical staff we spoke with understood the key parts of the legislation and

Are services effective?

(for example, treatment is effective)

were able to describe how they implemented it in their practice. Some staff gave us examples where they had identified an issue, the action they had taken and how they had recorded it on the patient's record.

Staff told us they spent time discussing treatment options and plans with patients and were aware of consent procedures. They explained discussions were held with patients to assure their consent prior to treatment, particularly regarding those who had a learning disability or dementia. The GP gave us examples of how a patient's best interests were taken into account if a patient did not have the capacity to make a decision.

All clinical staff we spoke with demonstrated a clear understanding of Gillick competency assessment. These assessments are used to check whether a child under 16 has the maturity and understanding to make their own decisions about their treatment. We were told how consent and competency assessments were recorded in a patient's records.

Health promotion and prevention

The practice was involved with national breast, bowel and cervical cytology screening programmes. Follow up of non-attenders was undertaken by the practice. The practice's performance for cervical smear uptake was 97.5% which aligned with other practices in the area.

They offered NHS checks to all patients aged 40 to 74 years. We were shown the process for following up patients if risk factors for disease had been identified at the health check and how further investigations were scheduled.

Patients who had a long term condition were invited for a health and medication review. Systems were in place to refer or signpost patients to other sources of support, for example smoking cessation or weight management clinics.

They offered a full range of immunisations for children, flu vaccinations and travel vaccinations in line with current national guidance. Data showed childhood immunisation rates for the practice were average for Leeds North Clinical Commissioning Group (CCG). They had achieved an 81% uptake rate for seasonal flu vaccinations which was higher than the CCG average of 73%.

There was evidence of health promotion literature available in the reception area and practice leaflet. The practice website provided health promotion and prevention advice and had links to various other health websites, for example NHS Choices.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the NHS England GP patient survey (January 2015), where from 244 questionnaires 118 responses had been returned (48% completion rate). The survey showed 96% of respondents said the GP was good at giving them enough time and 96% said the GP was good at listening to them. These were above average for the local CCG (87% and 91% respectively).

We received 22 CQC comment cards where patients shared their views and experiences of the practice. The majority were positive about the care and service they received. However, a small number commented on the 'turnover' of doctors. The practice had explained to us the issues they had in recruiting to vacant GP posts and having to use locums previously. Both practice staff and the representative from OneMedicalGroup told us how continuity of GPs was paramount to future delivery of the service.

We also spoke with seven patients on the day of our inspection, the majority of whom told us they were satisfied with the care they received and that staff treated them with dignity and respect. Some of the comments made by the patients we spoke with aligned with those on the CQC comment cards relating to GP continuity.

We observed reception staff were courteous and spoke respectfully to patients. They listened to patients and responded appropriately. The staff we spoke with told us they were always careful what questions they asked patients at the reception desk and were aware of the need to maintain confidentiality. We were told there was a room available if patients wished to have a private conversation with a member of the reception staff.

Clinical staff explained how they protected a patient's dignity during consultation and when undertaking any examinations, for example when taking cervical smears. We noted curtains were provided in consulting and treatment rooms and the doors were closed during consultations. Conversations taking place in these rooms could not be overheard.

Staff told us if they had any concerns or observed any instances of discriminatory behaviour, or where a patient's privacy and dignity was not being respected they would raise these concerns with the practice manager. The practice manager told us they would investigate these and any learning identified would be shared with staff.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice good in these areas. For example, data showed 89% of respondents said the GP involved them in decisions about their care, which was above average for the local CCG at 84%.

The patients we spoke with on the day of our inspection told us health issues were discussed with them in a way they could understand. They felt involved in decision making about their care and treatment. They told us they felt listened to and had enough time during a consultation to make an informed decision about the choice of treatment they wished to receive.

Clinical staff told us written care plans were undertaken in conjunction with patients who had a long term condition. The care plans were adapted to meet the needs of each individual. The information was designed to help patients manage their own health care and well-being to maximise their independence and also help reduce the need for unnecessary hospital admission.

Patient/carer support to cope emotionally with care and treatment

Patients we spoke with on the day of our inspection and the CQC comment cards we received highlighted staff were caring and provided support when needed. Notices in the patient waiting area and on the practice website provided information on how to access a number of support groups and organisations. For example, written information was available for carers to ensure they understood the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The practice told us they engaged regularly with Leeds North Clinical Commissioning Group (CCG), local GP practices and other agencies to discuss the needs of patients and service improvements within the area. The lead GP was an elected non-executive director for Leeds North Clinical Commissioning Group (CCG) and also chaired the local GP group for the Wetherby area.

The practice provided a service for all age and population groups. Registers were maintained of patients who had a learning disability, a long term condition or required palliative care. These patients were discussed at the weekly clinical and monthly multidisciplinary meetings to ensure practitioners responded appropriately to the care needs of those patients. Longer appointments were available for patients who had complex needs.

Tackling inequity and promoting equality

The practice had recognised the needs of the different population groups in the planning of its services. The practice had systems in place which alerted staff to patients with specific needs or who may be at risk. For example, patients who may be living in vulnerable circumstances.

Wetherby Health Centre was located in a Local Improvement Finance Trust (LIFT) purpose built health centre. The premises had been designed to meet the needs of people who had disabilities. There was access for patients who had mobility difficulties. All consulting and treatment rooms were on the ground floor. There was a large waiting area and an open front reception which had low level points which patients in wheelchairs could access easily to speak to a member of the reception staff.

There were male and female GPs in the practice, giving patients a choice as to whom they may wish to see. There was access to translation services should the need arise.

There was a private room available for patients who may be anxious or distressed whilst waiting in the reception area, or who required privacy. For example, a breastfeeding mother.

Access to the service

Comprehensive information regarding the practice opening times and how to make appointments was available in the reception area, the practice leaflet and on the website. Patients could book appointments by telephone, online or in person at the reception. Some appointments were pre-bookable and some were allocated to be booked on the same day. At the time of our inspection the next available pre-bookable appointment was within 48 hours. Home visits were offered for patients who found it difficult to access the surgery. We were informed same day appointments were available for all children under the age of five. Information was available in the practice and on their website regarding out-of-hours care provision when the practice was closed.

We reviewed the most recent data available from the NHS England GP patient survey (January 2015) for the practice regarding patient satisfaction and access. This indicated patients were generally satisfied with the appointments system at the practice. For example:

- 66% found it easy to get through to the practice by telephone (CCG average 79%)
- 61% usually get to see or speak with their preferred GP (CCG average 61%)
- 87% say the last appointment they got was convenient (CCG average 92%)

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. This was due for review in June 2017. There was a designated responsible person who handled all complaints in the practice.

We saw there was information in the practice leaflet and website advising patients about the complaints system. Some patients we spoke with were aware of the process to follow if they wished to make a complaint, although they had not needed to do so.

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

We looked at complaints the practice had received over the past twelve months. These had all been dealt with in line with the practice policy, identifying action taken and any lessons learned. We were informed shared learning from these was discussed with staff at practice meetings.

The practice had undertaken a patient survey in June 2015 and had identified actions from this. For example, patients

had identified they would like to see the poster identifying how they could make a complaint, comment or compliment more visual. The practice had taken this on board and acknowledged the important of patient feedback.

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

Staff we spoke with told us the vision and values of the practice were to maintain provision of a good service which provided excellent care and promote positive outcomes for its patients. They told us they delivered a professional service in a friendly, caring and respectful way. This was evidenced through patient comments. Staff told us they felt the way the practice was progressing under the direction of OneMedicalGroup was positive and reassuring.

Governance arrangements

The practice had management systems in place. They had appropriate policies and procedures to govern activity and these were accessible to staff. The policies incorporated national guidance and legislation were in date, reviewed and updated as necessary.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw QOF data was discussed at practice meetings.

We found clinical staff had defined lead roles within the practice. For example, for the management of long term conditions and safeguarding children and adults. Records showed staff had up to date training relating to their lead roles.

The practice held meetings with representatives from the OneMedicalGroup where governance, quality and risk were discussed and monitored. We saw minutes to evidence this. We were informed how Wetherby Health Centre in conjunction with OneMedicalGroup had developed a systematic process to ensure all policies, procedures and documents relating to the management of the practice and delivery of services were in place.

Leadership, openness and transparency

There was a clear leadership structure with named members of staff in lead roles. For example, there were leads for infection prevention and control and safeguarding children and adults. The staff we spoke with all understood their roles and responsibilities and knew who to go to in the practice with any concerns.

We were informed that the lead GP was always visible, approachable, had an 'open door' policy and always took the time to listen to all members of staff. The lead GP made very positive and complimentary comments about the practice staff. They told us how they had felt supported during a difficult period over the previous two years. The staff, in turn, told us how they had been supported through the 'challenging' times, how they felt valued and the respect they had for the lead GP. It was evident there was good teamwork and that staff were supportive of one another and were passionate about the practice, service and care it delivered to its patients.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through patient surveys, comment cards and complaints received. The practice also participated in the NHS friend and family test and information was available both in the practice and on their website.

The practice did not have an active patient participation group (PPG), despite making numerous attempts to encourage patients to form a group. However, staff told us they felt patients would identify any areas of concern, which would be reported to the practice manager to action.

Staff told us they were encouraged and would not hesitate to raise any concerns or provide feedback. They felt involved and engaged in the practice to improve outcomes for both patients and staff.

Management lead through learning and improvement

Staff told us the practice supported them to maintain their clinical professional development through training and mentoring.

The practice had completed reviews of significant events and other incidents and shared the information at staff meetings to ensure the practice improved outcomes for patients. We saw evidence of this in minutes of meetings and logs of events.

Staff told us how they had been kept informed of the changes to the practice and during the OneMedicalGroup takeover process. They felt they had been well supported through the process and they had all worked together to ensure delivery of services to patients had been maintained.