Shafton Lane 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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Shafton Lane Surgery on 9 February 2016. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

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

- There was an open and transparent approach to safety and an effective system was in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- Patients we spoke with and comments we received were positive about access to the service. They said they found it easy to make an appointment and urgent appointments were available on the same day as requested.
- The practice had good facilities and was well equipped to treat and meet the needs of patients.
- The practice sought patient views on how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff were supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

However, there was one area of practice where the provider should make improvements:

Summary of findings

- Maintain a formal risk register of those patients who are most at risk of having an unplanned hospital admission. This would enable the practice to ensure they are providing additional care and support for all those patients as appropriate.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- Risks to patients were assessed and well managed.
- There was a system in place for reporting and recording significant events.
- There was a nominated lead who looked at the reporting mechanisms, safety issues and where improvements could be made in patient safety and experience. Lessons were shared to ensure action was taken to improve safety in the practice.
- There was a nominated lead for safeguarding children and adults and systems, processes and practices were in place to keep patients and staff safeguarded from abuse.
- There were processes in place for safe medicines management, which included emergency medicines.
- There were good systems in place for checking all equipment was tested, calibrated and fit for purpose.
- There was a nominated lead for infection prevention and control, who ensured processes were in place to manage any risks to the practice and patients.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. For example, the community matron, district nursing and health visiting teams.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or below average compared to both local and national figures.
- Although the practice did not keep a formal risk register of those patients who were most at risk of having an unplanned hospital admission, they could identify who those patients were and provide care and support as needed.

Summary of findings

- The practice utilised the patient information boards in the reception area and had thematic display, for example healthy lifestyle information, a carer's board and information particularly aimed at young people.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP patient survey showed that patients rated the practice comparable to other local practices. Patients we spoke with and comments we received were all positive about the care and service the practice provided. They told us they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We observed a patient-centred culture and that staff treated patients with kindness, dignity, respect and compassion.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds South and East Clinical Commissioning Group (CCG) to secure improvements to services where these were identified, for example, the Winter Pressures Scheme.
- Patients we spoke with and comments we received said they found it easy to make an appointment.
- All urgent care patients were seen on the same day as requested.
- There was an open access clinic available on Monday afternoons and patients informed us they liked this service (although it could have had some implication on waiting times to be seen).
- 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 quickly to issues raised and learning was shared with staff. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

Summary of findings

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were good governance arrangements which included monitoring and improving quality, identification of risk, policies and procedures to minimise risk and support delivery of quality care.
- The provider was aware of and complied with the requirements of the Duty of Candour. (This is a legal duty on hospital, community and. mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm.) The GP and practice manager encouraged a culture of openness and honesty.
- There were systems in place for being aware of notifiable safety incidents and sharing information with staff to ensure appropriate action was taken
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of patient surveys, the NHS Friends and Family Test and the patient participation group. For example, with regard to access to the practice by telephone.
- Staff informed us they felt very supported by the GP and management.

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

Good

The practice is rated as good for the care of older people.

- The practice provided proactive, responsive and personalised care to meet the needs of the older people in its population. Home visits and urgent appointments were available for those patients with enhanced needs.
- The practice worked closely with other health and social care professionals, such as the district nursing team, to ensure housebound patients received the care they needed.
- Health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.
- The practice could identify those patients who were most at need of care and support.

People with long term conditions

Good

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

- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. The practice nurses had lead roles in the management of long term conditions and patients at a high risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- The practice delivered care for all patients who had a diagnosis of diabetes using an approach called The House of Care. This approach enabled patients to have a more active part in determining their own care and support needs in partnership with clinicians.
- 74% of patients diagnosed with asthma had received a review in the last 12 months, compared to 75% locally and nationally.
- 95% of patients diagnosed with chronic obstructive pulmonary disease (a lung disease) had received a review in the last 12 months, compared to 88% locally and 90% nationally.
- Patients who required palliative care were provided with support and care as needed, in conjunction with other health care professionals.

Families, children and young people

Good

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

Summary of findings

- 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 and emergency (A&E) attendances.
- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. All children who required an urgent appointment were seen on the same day as requested.
- The practice worked with midwives, health visitors and school nurses to support the needs of this population group, for example the provision of ante-natal, post-natal and child health surveillance clinics.
- Uptake rates were comparable to local practices for all standard childhood immunisations.
- Sexual health advice, contraceptive and cervical screening services were provided at the practice.
- 75% of eligible patients had received cervical screening, compared to 82% both locally and nationally. The practice proactively encouraged eligible women to attend for screening.

Working age people (including those recently retired and students)

Good

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

- The needs of these patients had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Saturday morning clinics were available during the Winter Pressure Scheme from November 2015 until the end of March 2016.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. For example, cervical screening and early detection of chronic obstructive pulmonary disease for patients aged 35 or above who were either a smoker or ex-smoker. Health checks were offered for patients aged between 40 and 75 who had not seen a GP in the last three years.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

- The practice held a register of patients living in vulnerable circumstances and regularly worked with multidisciplinary teams in the case management of this population group.
- Information was provided to patients on how to access various local support groups and voluntary organisations.
- Longer appointments were available for patients as needed.
- 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.
- There were in-house counselling services available for patients who may have alcohol misuse issues.
- Screening for HIV, Hepatitis B and C was provided for patients as appropriate.
- The practice had good links with a local ex-prisoner rehabilitation centre.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice regularly worked with multidisciplinary teams, such as the local mental health team, in the case management of people in this population group. Patients and/or their carer were given information on how to access various support groups and voluntary organisations, such as Carers Leeds.
- All patients diagnosed with dementia had received a face to face review of their care in the last 12 months, which was higher than the local and national averages
- All patients who had a severe mental health problem had received an annual review in the past 12 months and had a comprehensive, agreed care plan documented in their record. This was higher than both the local and national average of 88%.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016 showed the practice was performing above average compared to local and national averages. There were 442 survey forms distributed and 83 were returned. This was a response rate of 19% which represented 3% of the practice patient list.

- 64% found it easy to get through to the practice by phone (CCG average 71%, national average 73%).
- 74% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 70% described the overall experience of the practice as fairly good or very good (CCG average 83%, national average 85%).
- 60% said they would recommend the practice to someone who has just moved to the local area (CCG average 75%, national average 79%).

As a result of patient comments, the practice had reintroduced the open access clinic one session per week on a Monday. They had also given patients explanations as to why appointments may run over time. We saw notices in the patient waiting area to support this. The practice could evidence how they were engaging with their patients on how to improve access to and provision of services.

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received 28 comment cards, all of which were positive, describing staff as being 'pleasant and caring' and the service and care they received as being 'very good'.

During the inspection we spoke with three patients of mixed age and gender, all of whom were positive about the practice.

The results of the most recent NHS Friend and Family Test showed that 93% of respondents said they would be extremely likely or likely to recommend the practice to friends and family if they needed care or treatment.

Areas for improvement

Action the service SHOULD take to improve

There was one area of practice where the provider should make improvements:

- Maintain a formal risk register of those patients who are most at risk of having an unplanned hospital admission. This would enable the practice to ensure they are providing additional care and support for all those patients as appropriate.

Shafton Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Shafton Lane Surgery

Shafton Lane Surgery is situated in Holbeck to the south east of Leeds and is part of the Leeds South and East Clinical Commissioning Group (CCG). The practice is located in a purpose built, leased building in one of the most deprived areas of Leeds. It has a patient list size of 2,905 with a higher than national average of patients aged between 20 and 45. Fifty four per cent of patients have a health related problems in daily life, compared to 49% nationally. There is a higher than average unemployment rate of 17%, compared to 6% nationally.

The practice is open Monday to Friday 8am to 6pm with extended hours on Monday from 6pm to 7.30pm. Appointment times with the GP are:

Monday 9.30am to 12.20pm and 2.30pm to 8pm (there is an open access clinic between 3pm to 4pm)

Tuesday and Wednesday 9.30am to 12.30pm and 2.30pm to 5.20pm

Thursday and Friday 8.30am to 10.30am and 2.30pm to 5.20pm

Saturday morning appointments are available from November 2015 to March 2016 under the Winter Pressure Scheme.

When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

There is one female GP, who is supported by a regular male locum GP. The practice is also staffed by one female practice nurse, a female health care assistant, a practice manager, an assistant practice manager and a team of experienced administration and reception staff. One of the practice nurses had recently retired from the practice and a replacement was being sought.

General Medical Services (GMS) are provided under a contract with NHS England. Shafton Lane Surgery is registered to provide the following regulated activities; maternity and midwifery services, diagnostic and screening procedures, treatment of disease, disorder or injury and surgical procedures. They also offer a range of enhanced services such as influenza, pneumococcal and childhood immunisations.

We were informed the practice had been in negotiations with an alternative provider to take over the contract. This had not been successful and the practice were currently in discussions with both NHS England and Leeds South and East Clinical Commissioning Group to discuss future developments.

A previous CQC inspection had been undertaken at Shafton Lane Surgery on 21 October 2014, they had then been found to be requiring improvement for safe, with an overall rating of good.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Leeds South and East CCG, to share what they knew. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (January 2016). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 9 February 2016. During our visit we:

- Spoke with a range of staff, which included the GP, the practice manager, a practice nurse and a pharmacy technician.
- Spoke with patients who were all positive about the practice.
- Reviewed comment cards where patients and members of the public shared their views. All comments received were positive about the staff and the service they received.
- Observed in the reception area how patients/carers/ family members were being treated and communicated with.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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)

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice computer system.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. A thorough analysis of the significant events was carried out. For example, there had been an issue regarding a vaccination of a patient. The event had been discussed, actions agreed, procedures changed and cascaded to all staff. We saw evidence of the reporting of this incidence.

When there were unintended or unexpected safety incidents, we were informed patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP acted in the capacity of safeguarding lead and had been trained to the appropriate level three. They attended the regional safeguarding meeting and provided feedback to the practice accordingly. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that a chaperone was available 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.) All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (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.) It was recorded in the patient's records when a chaperone had been in attendance.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw up to date cleaning schedules in place. A practice nurse had recently taken over the role of the infection prevention and control (IPC) lead. They were up to date with IPC training but had identified a need for additional training to ensure they were carrying out the role effectively. There was an IPC protocol in place and all staff had received IPC training. We saw evidence that an IPC audit had taken place and action was taken to address any improvements identified as a result.
- There were arrangements in place for managing medicines, including emergency drugs and vaccinations, to keep patients safe. These included obtaining, prescribing, recording, handling, storage and security. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions, in line with legislation, had been adopted by the practice to allow nurses to administer medicines.
- Support was provided by a CCG pharmacy technician to ensure appropriate and effective prescribing was taking place, review medicines in line with the most recent safety updates and audit antibiotic prescribing.
- We reviewed three personnel files and found appropriate recruitment checks had been been undertaken, including proof of identification, qualifications, references and DBS checks.

Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.

Good

Are services safe?

We saw evidence that all electrical and clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order. The practice kept their own record of all portable appliances which required testing and/or calibration to ensure all equipment was checked.

We saw evidence of well organised practice management systems, which included both up to date and historical records of health and safety checks undertaken in the practice.

There were arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. We saw:

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Training records showed all staff were up to date with fire and basic life support training.
- There was emergency equipment available, such as a defibrillator and oxygen, which had pads and masks suitable for children and adults. Emergency medicines were stored in a secure area which was easily accessible for staff. All the medicines and equipment we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) guidelines. Staff had access to the latest guidelines from NICE and local care pathways and used this information to deliver care and treatment that met the needs of their patients.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/15) were 86% of the total number of points available, with 5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data showed:

- 61% of patients with diabetes had a HbA1C result which was within normal parameters, compared to 73% locally and 77% nationally. (HbA1c is a blood test which can help to measure diabetes management.) This result had been acknowledged by the practice and resource issues had been identified as one of the reasons. We were informed they were currently in the process of looking at ways to improve.
- 91% of patients with diabetes had received a foot examination and a risk classification for potential problems, compared to 88% locally and nationally.
- 85% of patients with hypertension had a blood pressure reading which was within normal parameters, compared to 84% locally and 83% nationally.
- 100% of patients with dementia had received a face to face review of their care, compared to 88% locally and 84% nationally.

Clinical audits demonstrated quality improvement. The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

We saw three clinical audits which had been completed in the last 12 months. Two of these were completed audit cycles, which could evidence where improvements had been identified and implemented, particularly in relation to prescribing and medicine optimisation.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence we reviewed showed:

- Staff had received mandatory training that included safeguarding, infection prevention and control and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics. Staff were also supported to attend role specific training and updates, for example long term conditions management.
- Individual training and development needs had been identified through the use of appraisals, meetings and reviews of practice development needs. Staff had access to in house and external training and e-learning. All staff had received an appraisal in the previous 12 months.
- The GP was up to date with their revalidation and appraisals.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to clinical staff in a timely and accessible way through the practice patient record system and their intranet system. This included risk assessments, care plans, medical records, investigation and test results. Information such as NHS patient information leaflets were also available.

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, such as when they were referred or after a hospital discharge. We saw evidence multidisciplinary team meetings took place and that care plans were routinely reviewed and updated.

Good

Are services effective?

(for example, treatment is effective)

Although the practice did not keep a formal risk register of those patients who were most at risk of having an unplanned hospital admission, they could identify who those patients were and provide care and support as needed.

The practice could evidence how they followed up all patients who had attended accident and emergency (A&E). If it was deemed an inappropriate attendance the practice sent a letter to the patient with information of how and where they could access services out of hours. A questionnaire was also sent which asked what influenced a patient's use of A&E. All A&E attendances and unplanned hospital admissions were reviewed to ensure any proactive and preventative support could be provided.

Consent to care and treatment

Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005. Patients' consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, the GP or nurse assessed this and, where appropriate, recorded the outcome of the assessment.

When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as Gillick competency. (This is used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.)

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. These included patients:

- who were in the last 12 months of their lives
- at risk of developing a long term condition
- required healthy lifestyle advice, such as dietary, smoking and alcohol cessation
- who acted in the capacity of a carer and may have required additional support

The practice encouraged patients to attend national screening programmes for bowel and breast cancer. The uptake rates for cervical screening was 75%, compared to 82% both locally and nationally. We were told the practice proactively encouraged eligible women to attend for their cervical screening test, informing them of the benefits of prevention and early identification.

The practice carried out immunisations in line with the childhood vaccination programme. Uptake rates were comparable to the national averages. For example, children aged 24 months and under was 100% and for five year olds they ranged from 77% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 16 to 75. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken. In addition, health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.

Patients who were concerned regarding memory loss or any dementia-like symptoms were encouraged to make an appointment with a clinician. A recognised dementia identification tool was used with the patient's consent to assess any areas of concern.

The practice utilised the patient information boards, which were located in the reception area, and had specific themes, for example healthy lifestyle information, a carer's board and information particularly aimed at young people which contained sexual health advice and details of other agencies they could obtain support as needed.

There were in-house counselling services available for patients who may have had alcohol misuse issues. Screening for HIV, Hepatitis B and C was provided for patients as appropriate. The practice had good links with a local ex-prisoner rehabilitation centre. Prescriptions were faxed to the centre for staff to administer to the respective patient, thereby reducing the risk of misuse of medicines.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that:

- Members of staff were courteous and helpful to patients and treated them with dignity and respect.
- There was a private room available should patients in the reception area want to discuss sensitive issues or appeared distressed.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations and that we could not hear any conversations that may have been taking place.

Data from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to other local practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% said the GP was good at listening to them (CCG average 87%, national average 89%)
- 84% said the GP gave them enough time (CCG average 85%, national average 87%)
- 84% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 81% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%)
- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%)
- 84% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%)

All of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

During the inspection we spoke with three patients of mixed age and gender, all of whom were positive about the practice and the care they received.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey were variable compared to other local practices in respect of explaining and involving them in decisions about their care. For example:

- 70% said the last GP they saw was good at explaining tests and treatments (CCG average 85%, national average 86%)
- 66% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 81%)
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

Patients we spoke with and comments we received were all positive with regard to the above questions.

We were informed that interpretation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

We saw there were a number of notices in the patient waiting area, informing patients how to access a number of support groups and organisations.

The practice had a carers' register and those patients had an alert on their electronic record to notify staff. The practice currently had 22 carers on the register. Carers were also identified when registering with the practice and were offered a health check. Carers were supported as needed and signposted to local carers' support groups. There was also written information available to direct carers to various avenues of support.

We were informed that if a patient had experienced a recent bereavement, they would be contacted and support offered as needed.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the NHS England Area Team and Leeds South and East CCG to review the needs of its local population and to secure improvements to services where these were identified. In addition:

- The practice offered extended hours from 6pm to 7.30pm on Monday for patients who could not attend during normal opening hours.
- There was an open access clinic one session per week on a Monday.
- There were longer appointments available for patients as needed.
- Home visits were available for patients who could not physically access the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and a hearing loop in place.
- Interpreter services were available for patients who did not have English as a first language.

Access to the service

The practice was open Monday to Friday 8am to 6pm with extended hours on Monday from 6pm to 7.30pm. Appointment times were from 9.30am to 12.20pm and 2.30pm to 8pm (there is an open access clinic between 3pm to 4pm) on Monday. Tuesday and Wednesday 9.30am to 12.30pm and 2.30pm to 5.20pm. Thursday and Friday 8.30am to 10.30am and 2.30pm to 5.20pm

Saturday morning appointments were available from November 2015 to March 2016 under the Winter Pressure Scheme. When the practice was closed out-of-hours services were provided by Local Care Direct, which could be accessed via the surgery telephone number or by calling the NHS 111 service.

In addition to pre-bookable appointments, urgent appointments were also available for people that needed them. Telephone consultations were sometimes held by clinicians, dependent on the need of the patient.

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

- 67% of patients were satisfied with the practice's opening hours (CCG average 74%, national average 75%)
- 64% of patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%)
- 41% of patients said they usually get to see their preferred GP (CCG average 56%, national average 37%)

Patients we spoke with on the day of inspection told us they were able to get appointments when they needed them, generally with the GP of their choice. Comments made by patients were positive and did not align with the patient survey results.

We saw evidence the practice had developed an action plan arising from the patient survey results. This included how they could improve overall patient satisfaction rates, particularly in relation to access.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was information displayed in the waiting area to help patients understand the complaints system.
- There was a designated responsible person who handled all complaints in the practice.
- All complaints and concerns were discussed between the practice manager and GP and raised with staff as appropriate.
- The practice kept a comprehensive register of all complaints.
- There had been six complaints received in the last 12 months. We found the complaints had satisfactorily been handled. Lessons were learnt and action was taken to improve quality of care as a result.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. There was a mission statement in place which identified the practice values. All the staff we spoke with knew and understood the practice vision and values. There were supporting business plans in place which were regularly monitored.

We were informed the practice had been in negotiations with an alternative provider to take over the contract. This had not been successful and the practice were currently in discussions with both NHS England and Leeds South and East CCG to discuss future developments.

Governance arrangements

The practice had good governance processes in place which supported the delivery of good quality care and safety to patients. This ensured that there was:

- A clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and available to all staff
- A good understanding of practice performance
- A programme of continuous clinical and internal audit which was used to monitor quality and drive improvements
- Robust arrangements for identifying, recording and managing risks
- Priority in providing quality care

Leadership and culture

The GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The provision of safe, high quality and compassionate care was a priority for the practice.

The provider was aware of and complied with the requirements of the Duty of Candour. (Duty of Candour means health care professionals must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm.) There was a culture of openness and honesty in the practice. There were systems in place for being aware of notifiable safety incidents. We were informed that when there were unexpected or unintended safety incidents, patients affected were given reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place. Staff told us the GP was visible, approachable and took the time to listen. Systems were in place to encourage and support staff to identify opportunities to improve service delivery and raise concerns. Although regular formal meetings were not held, staff informed us they had the opportunity to raise any issues, felt confident in doing so and were supported if they did. Staff said they felt respected, valued and appreciated.

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

The practice encouraged and valued feedback from patients and staff. Feedback from patients was proactively sought through the patient participation group (PPG), patient surveys, the NHS Friend and Family Test, complaints and compliments received.

The practice also gathered feedback from staff through meetings, discussion and the appraisal process. Staff told us they felt involved and engaged in the practice to improve service delivery and outcomes for patients.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was part of local and national schemes to improve outcomes for patients in the area. The practiced worked with other practices to provide additional services during the winter season and had joined a local GP Practice Federation. (A Federation is a group of practices and primary care teams working together and sharing responsibilities to improve provision of primary care services to patients. For example, access to services outside of normal working hours at named practices.)