

Gildersome Health Centre

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 Gildersome Health Centre on 12 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Review their arrangements for clinical audit at the practice. Clinical audits should be clearly linked to patient outcomes, monitored for effectiveness and be comprised of two or more cycles to monitor improvements to patient outcomes.
- Take steps to review and improve the recording of meetings that are taking place within the practice, including the subject matter discussed, decisions made and action taken as a result.

Summary of findings

- The practice should review their significant event and incident reporting systems in order to ensure that they are identifying, reporting, recording, investigating and learning from all such incidents, including near misses.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. However; we were unable to see any evidence of practice meetings to demonstrate the practice shared lessons learned. We received copies of minutes following our inspection to show that meetings had taken place.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, the practice had recently changed the nominated lead for safeguarding and at the time of our inspection this had not been communicated to all staff.
- Risks to patients were mostly assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average in the majority of areas when compared to the local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- We saw some evidence of quality improvement activity; however the clinical audits we reviewed were not completed audits as they had only been through one cycle to date. In addition, there were no mechanisms in place to share audit findings through formal practice meetings.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice was involved in the avoiding unplanned admissions scheme which identified the 2% of the patient list who were most at risk of unplanned hospital admission and ensuring care plans and interventions were in place to reduce this risk.
- The practice was part of the Patient Empowerment Project which aimed to improve the health and wellbeing of patients. Through this project, GPs were provided with a link to refer patients to local groups and community activities within the voluntary sector. Patients were then provided with support to help them develop the skills, knowledge and confidence to manage their condition.
- The practice had adopted the Year of Care model to manage patients with diabetes. The Year of Care model was aimed at encouraging patients with long term conditions to understand their condition and select their own personal health and lifestyle targets.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included some arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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 offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered health checks for patients aged 75 years and over and produced care plans where appropriate.
- Telephone appointments were available for patients with mobility difficulties who were not able to attend the practice for an appointment.
- The practice nurse provided an extensive wound care service including Doppler assessments and complex leg ulcer treatments for patients at the practice. A Doppler assessment helps to assess the blood supply in the arms and legs in order and assist with treatment plans.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had implemented the 'Year of Care' model for management of diabetic patients. This supports patients to learn about their condition, how to self-manage and be involved in the care planning process.
- 97% of patients with diabetes, on the register, had a record of a foot examination and risk classification. This was better than the CCG and national averages of 88%.
- 100% of patients newly diagnosed with diabetes, on the register, the in the preceding 12 months had a record of being referred to a structured education programme, compared to the CCG average of 88% and national average of 90%.
- Longer appointments and home visits were available when needed.
- Where possible, appointments were co-ordinated with the GP and practice nurse to save patients having to attend the surgery more than once.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as 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 A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. The practice carried out audits to identify any child that may not have received their childhood immunisations and made contact with the parents of patients to increase uptake.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had a policy to add extra appointments to accommodate any sick child with a same day appointment.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice hosted a midwife session on Wednesday morning for patients registered at the practice.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

- The practice offered extended hours from 6.30pm until 8pm on Monday evenings and from 6.30pm until 7pm on Wednesday and Thursday evenings. In addition, patients could also access appointments with the practice nurse and health care assistant from 7am until 8am on Wednesday mornings.
- The practice was also part of the Morley hub which offered patients appointments between the hours of 8am and 12pm on Saturday mornings.
- NHS health checks were offered to patients aged between 40 and 74. This included pre-diabetic screening and lifestyle advice to tackle obesity.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice used the frailty index audit and case management register to offer health checks, support and initiate care plans. The frailty index is used to measure the health status of ageing individuals.
- Staff within the practice offered additional support to patients. For example; delivering prescriptions and assisting with completion of personal forms at the patient's request.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However, the practice had recently changed the nominated lead and at the time of our inspection this had not been communicated to all staff.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- 71% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the CCG average of 83% and national average of 84%
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan, documented in the record, in the preceding 12 months. This was higher than the CCG and national averages of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. A total of 253 survey forms were distributed and 116 (46%) were returned. This represented 3% of the practice's patient population.

- 94% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. Patients used words such as outstanding, excellent and fantastic to describe the service. However; three of the comment cards also contained less positive comments regarding the appointment system, no access to a female GP and less than positive feedback on the manner of some locum GPs during consultations.

We spoke with three patients during the inspection, two of which were also part of the patient reference group. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Review their arrangements for clinical audit at the practice. Clinical audits should be clearly linked to patient outcomes, monitored for effectiveness and be comprised of two or more cycles to monitor improvements to patient outcomes.
- Take steps to review and improve the recording of meetings that are taking place within the practice, including the subject matter discussed, decisions made and action taken as a result.
- The practice should review their significant event and incident reporting systems in order to ensure that they are identifying, reporting, recording, investigating and learning from all such incidents, including near misses.

Gildersome Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The lead inspector was supported by a GP specialist adviser.

Background to Gildersome Health Centre

Gildersome Health Centre is located on Finkle Lane, Morley, Leeds, West Yorkshire, LS27 7HL. The service operates from a single storey, purpose built building with car parking available for staff and patients.

The practice is situated within the Leeds West Clinical Commissioning Group (CCG) and provides primary medical services under the terms of a General Medical Services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

At the time of our inspection, the service was provided by a lead GP (male) and a salaried GP (male), a practice nurse (female) and a health care assistant (female). Although there was no female GP at the practice, patients had access to a chaperone. The clinical team were supported by a practice manager and experienced team of administrative and reception staff.

Following the inspection the practice submitted an application to the Care Quality Commission to register as a partnership and at the time of publication this application is being considered.

The practice serves a population of 3,329 patients who can access a number of clinics for example; minor surgery, asthma and diabetes

The practice is open between the hours 8am until 6.30pm Monday to Friday. Extended hours are also provided between 7am and 8am on Wednesday morning (for nurse and health care assistant appointments). From 6.30pm until 8pm on Monday evenings and from 6.30pm until 7pm on Wednesday and Thursday evenings.

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.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 July 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including the lead GP, the salaried GP, the practice nurse, the health care assistant, the practice manager and a member of the reception team.
- Observed how patients were being cared for and talked with three patients, two of which were part of the patient reference group.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

- The practice used a computerised system for reporting and recording incidents and significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We saw evidence of incidents identified by the practice, lessons learned and action taken to improve patient safety. However, the incidents had occurred in other agencies rather than in-house.

We were able to review a summary of incidents and saw evidence of lessons learned, however we were unable to review any minutes of meetings where these lessons had been shared and discussed with all members of the practice team. The practice manager told us that due to the size of the practice, the meetings were informal. We received evidence from the practice following our inspection to show that formal meetings had been put in place and minutes documented.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. However, the practice had recently changed the nominated lead and at the time of our inspection this had not been communicated to all staff.

- The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or adult safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions.

Are services safe?

- The Health Care Assistant was trained to administer vaccines and medicines against a patient specific direction (PSD). A PSD is an instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by a prescriber.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 99% of the total number of points available (CCG and national averages 95%) with 5% clinical exception reporting (CCG and national average 9%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. These figures were better than the CCG and national averages.

Data from 2014/15:

- Performance for diabetes related indicators was better than the CCG and national average. For example, the percentage of patients newly diagnosed with diabetes, on the register, in the preceding 12 months who had a record of being referred to a structured education programme within 9 months after entry onto the diabetes register was 100%, compared to the CCG average of 88% and national average of 90%.
- Performance for mental health related indicators were better than the CCG and national average. For example, 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive

care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was better than the CCG average and national average of 88%.

There was evidence of quality improvement including clinical audit:

- We reviewed two clinical audits completed in the last 12 months. The audits demonstrated where the improvements had been made. However; these were not completed audits as only one cycle had been carried out.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, the practice carried out an audit to identify children who had not received the MMR vaccination. The audit identified six patients with no vaccination recorded. The results were reviewed by the practice nurse and followed up accordingly. The practice planned to continue this audit.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Staff had access to appropriate

Are services effective?

(for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

- The process for seeking consent was monitored through patient records audits. However, we noted that only verbal consent was obtained when carrying out minor surgery procedures. The practice advised us that this process would be amended with immediate effect and future procedures would only be carried out after obtaining signed consent from the patient.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 87%, which was higher than the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70% to 90% (CCG average 94% and national average 88%) and five year olds from 70% to 90% (CCG average 96% and national average 89%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 26 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.

We spoke with three patients, two of which were members of the patient reference group (PRG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's results for its satisfaction scores on consultations with GPs and nurses were varied. For example:

- 76% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 26 patients as carers which represented less than 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was involved in the avoiding unplanned admissions scheme which identified the 2% of the patient list who were most at risk of unplanned hospital admission and ensured care plans and interventions were in place to reduce this risk.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice was part of the Morley hub which offered patients appointments between 8am and 12pm on Saturday mornings.
- The practice was part of the Patient Empowerment Project which aimed to improve the health and wellbeing of patients. Through this project, GPs were provided with a link to refer patients to local groups and community activities within the voluntary sector. Patients were then provided with support to help them develop the skills, knowledge and confidence to manage their condition.
- The practice had adopted the Year of Care model to manage patients with diabetes. The Year of Care model was aimed at encouraging patients with long term conditions to understand their condition and select their own personal health and lifestyle targets.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccinations available privately.

Access to the service

The practice was open between the hours 8am until 6.30pm Monday to Friday. Extended hours were also provided between 7am and 8am on Wednesday morning (for nurse and health care assistant appointments). From

6.30pm until 8pm on Monday evenings and from 6.30pm until 7pm on Wednesday and Thursday evenings. In addition, the practice were part of the Morley hub, this offered patients additional appointment from 8am until 12pm on Saturday mornings.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and national average of 78%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The practice had a patient information leaflet explaining the complaints procedure and a dedicated form which patients could use to outline their complaint.
- We looked at two complaints received in the last 12 months and found these were handled appropriately, dealt with in a timely way showing openness and transparency when dealing with the complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.

- The practice had a strategy in place and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained; however the significant event and incident reporting systems could be improved to provide assurance that all such incidents and events were being identified, recorded and investigated appropriately.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, at the time of our inspection the practice did not hold formal meetings where discussions and decisions were documented.

Leadership and culture

On the day of inspection the lead GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings, although these were informal and not documented. We received evidence following our inspection that the practice had begun to formalise these and keep a written record of items discussed.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient reference group (PRG) and through surveys and complaints received. The PRG met regularly and submitted proposals for improvements to the practice management team. For example, a member of the PRG told us that the greeting from receptionists at the practice had greatly improved following feedback from the group and that the receptionist 'couldn't be nicer'.
- The practice had gathered feedback from staff through informal meetings and annual appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

Are services well-led?

Good 

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had adopted the Year of Care model to manage patients with diabetes.