

Alwoodley Medical 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 Alwoodley Medical Centre on 21 February 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available. 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvements are:

- Develop a system to follow up the completion of actions resulting from incidents and significant events.
- Develop a system to accurately record all information relating to complaints.

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



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. However; we saw there was no system to ensure that actions identified were completed. When things went wrong patients were informed as soon as practicable, 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 to minimise risks to patient safety.
- The practice carried out regular peer reviews of referrals to ensure these were appropriate.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had a dedicated health care assistant who provided home visits and support to older and vulnerable patients. Patients were referred to other services as appropriate, such as podiatry; incontinence service, adult social services and the district nursing team.
- End of life care was coordinated with the other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a dignity and respect policy which all staff had access to and were aware of.
- The practice had implemented a system to send out letters to all patients newly diagnosed with cancer. This was to offer support and ensure they did not feel isolated.
- Patients were given advance warning when medical students were present at the practice and the option to decline the presence of the medical student in consultation.
- Nine of the CQC comment cards we received made particular reference to the level of care received at the practice. Comments such as helpful; friendly and polite to describe the care they received.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example; the practice worked in partnership with Harrogate Hospital to provide an outreach clinic within the building. This provided patients with access to services such as trauma and orthopaedics, audiology and radiology.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The practice provided an abdominal aortic aneurysm (AAA) screening service. AAA screening is a way of detecting a dangerous swelling (aneurysm) of the aorta—the main blood vessel that runs from the heart, down through the abdomen to the rest of the body.
- The practice had responded to patient feedback regarding access to services by providing extended hours from 7am until 8am on Monday mornings and from 6pm until 8pm on Monday evenings.
- The practice offered same day telephone consultations and a triage service for any urgent appointments.
- The practice offered a range of online facilities including appointment booking and repeat prescription requests.
- The practice was also signed up to the electronic prescription service (EPS). This allowed prescriptions to be sent directly to pharmacies through the practice's clinical IT system.

Summary of findings

- The practice had a system in place to enable housebound patients to request repeat prescriptions over the telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. However; the practice did not hold a log of all complaints. We discussed this with the practice manager on the day of our inspection and were advised that a system would be implemented to accurately record all information relating to complaints.

Are services well-led?

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

Good



- 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on.
- The practice had a well-established Patient Participation Group (PPG) who were working closely with the practice to improve the patient experience.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, the practice directed patients to the Connect Well social prescribing service. This gave patients the opportunity to access support in the local community.
- The practice had a dedicated lead GP who carried out weekly care home visits.
- The practice had a dedicated health care assistant who provided home visits to older and vulnerable patients. This role included providing support and referral to other services such as podiatry; incontinence service, adult social services and the district nursing team.
- 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.
- The practice had achieved 81% uptake in the annual flu campaign for patients aged 65 and over.

People with long term conditions

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

Good



Summary of findings

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The health care assistant at the practice had attended training to enable them to provide diabetic foot checks. This enabled the nursing staff within the practice to concentrate on discussions with patients around self-management of care.
- Patients with more than one long term condition were invited to attend one annual appointment to avoid them having to make repeated visits to the practice.
- Due to Alwoodley Medical Centre being a new provider, there was no published Quality and Outcomes Framework (QOF) data available. However; the practice were able to provide us with their current overall performance figures against the diabetes indicators and at the time of our inspection had achieved 84% of the total number of QOF points available.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- The practice used a computerised system to monitor disease-modifying anti-rheumatic drugs (DMARDS) and high risk medication to ensure patients received appropriate follow up.
- All these patients had a named GP and there was a system to recall patients for 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 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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that 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.

Good



Summary of findings

- The practice offered booked appointments for baby checks and childhood immunisations.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics. In addition; the practice hosted three midwife sessions per week.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice offered a full range of contraception services including coils and implant clinics.

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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours on Monday morning from 7am until 8am; and Monday evening from 6pm until 8pm.
- 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



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 ran regular searches to identify patients with a learning disability and invited them to attend a physical review either at the practice or during a home visit.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice 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.

Good



Summary of findings

- The practice had a dedicated health care assistant who provided home visits to vulnerable patients. This role included providing support and referral to other services such as podiatry; adult social services and the district nursing team.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- GPs within the practice were involved in health inequalities work identifying hard to reach patients and improving their engagement and care.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- Due to Alwoodley Medical Centre being a new provider, there was no published data available. However; the practice were able to provide us with current overall performance figures and at the time of our inspection had achieved 99% of the total number of Quality and Outcomes Framework point available against the dementia related indicators and 93% of the total number of points against the mental health related indicators.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example; patients who did not attend for antipsychotic medication were contacted, the practice referred to other services such as mental health teams and drug and alcohol misuse programmes.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.

Good



Summary of findings

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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

We were unable to review results of the national GP patient survey as the Alwoodley Medical Centre was a new provider; therefore a survey had not been undertaken at the time of our inspection.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Patients used words such as helpful; friendly and polite to describe the care they received. However; seven comment cards also

contained less positive comments regarding access and the length of time to get an appointment. One card contained negative comments regarding the reception staff.

We spoke with three patients during the inspection; the patients were also part of the patient participation group (PPG). All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice took part in the friends and family test and the most recent results showed that 83% of patients would recommend this practice.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Develop a system to follow up the completion of actions resulting from incidents and significant events.
- Develop a system to accurately record all information relating to complaints.

Alwoodley Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector.

Background to Alwoodley Medical Centre

Alwoodley Medical Centre is located in a new, purpose built building on Saxon Mount, Leeds, West Yorkshire, LS17 5DT. The practice reception and clinical rooms are located on the ground floor, with offices and meeting rooms being located on the first floor. There is also a branch site, Adel Surgery, located at 141 Long Causeway, Adel, Leeds, West Yorkshire, LS16 8EX. Both sites are accessible for wheelchairs and parking for both staff and patients.

The practice is situated within the Leeds North 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.

Information published by Public Health England rates the level of deprivation within the practice population group on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice is assessed as being situated in level seven; one of the lesser deprived areas.

Alwoodley Medical Centre registered as a partnership with the Care Quality Commission in July 2016. This was following a merger of two local practices and relocation

into the new building. The partnership is made up of 11 GP partners (six male and five female). Working alongside the partners is one female salaried GP, one senior nurse, four practice nurses, three health care assistants and one medicines waste support worker. The clinical team are supported by an experienced team of administrative and secretarial staff.

At the time of our inspection the practice trained second year foundation students (FY2) and medical students. The practice were also in the process of becoming a training practice to support GP Registrars from August 2017.

The practice serves a population of approximately 15,000 patients who can access a number of clinics, for example minor surgery; contraception services and childhood immunisations.

The practice is open between the hours of 8am and 6pm Monday to Friday. In addition, the practice provides extended hours from 7am until 8am on Monday mornings and 6pm until 8pm on Monday evenings.

Appointments are available between the following hours:

Monday: 7am until 7.45pm

Tuesday – Friday: 8am until 6pm

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

Detailed findings

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 Leeds North Clinical Commissioning Group and NHS England to share what they knew. We carried out an announced visit on 21 February 2017. During our visit we:

- Spoke with a range of staff including two GP Partners, the senior nurse, the practice manager, a health care assistant and the medicines waste support worker.
- We spoke with three patients who were also part of the patient participation group.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations
- Looked at information the practice used to deliver 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 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 living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed five documented examples and found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, 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 reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. However; we saw there was no system to ensure that actions identified as a result of incidents had been completed. We discussed this with the practice on the day of inspection and were informed this would be rectified.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident had been reported when a patient had been prescribed medication that they were allergic to. As a result of this, the practice had changed the policy to ensure that the GPs double checked allergies with patients prior to prescribing new medication.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.
- Notices were clearly visible throughout the practice advising 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 used a computerised system to monitor disease-modifying anti-rheumatic drugs (DMARDs) and high risk medication to ensure patients received appropriate follow up.
- The practice carried out regular peer reviews of referrals to ensure these were appropriate.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The senior nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC 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 minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular

Are services safe?

medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. However; at the time of our inspection there was no system in place to monitor use of computerised prescriptions. We received confirmation following our inspection that a system had been implemented.

- Patient Group Directions (PGDs) had been adopted by the practice to allow 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.
- The healthcare 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, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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). Due to Alwoodley Medical Centre being a new provider, there were no published results at the time of inspection. However; we could see from the clinical system that the practice had achieved 97% of the total number of points available towards the 2016/17 QOF indicators. This data had not been verified or published at the time of our inspection.

- At the time of our inspection, the practice had achieved 84% towards the diabetes indicators.
- Performance for mental health related indicators at the time of our inspection was 93%

There was evidence of quality improvement including clinical audit:

- We saw five clinical audits commenced since March 2016, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had carried out a urinalysis audit in July 2016. The audit was aimed at reducing costs associated with unnecessary urine samples being sent for microscopy. A total of 104 results were found, of these only 83 had a urine dip carried out in practice. The

same audit was carried out in January 2017, the results demonstrated only four samples had been sent for microscopy and three of these had a dip carried out in practice.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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. The health care assistant had attended specific training to enable them to assist with management of diabetic patients by carrying out foot checks.
- 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 online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. 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.

Are services effective?

(for example, treatment is effective)

- 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 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. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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 82%, which was comparable with the CCG and the national averages of 82%.

Uptake rates for the vaccines given were comparable to CCG averages. For example, the practice average for the vaccines given to under two year olds was 97% (CCG average 95%) and the average for five year olds was also 97% (CCG average 94%).

There was a policy to offer telephone or written 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. There were failsafe systems 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.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We were unable to review results of the national GP patient survey as the Alwoodley Medical Centre was a new provider; therefore a survey had not been undertaken at the time of our inspection. As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Patients used words such as helpful; friendly and polite to describe the care they received. One card also contained less positive comments regarding the reception staff.

We spoke with three patients during the inspection; the patients were also part of the patient participation group (PPG). All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also told us their dignity and privacy was respected. The practice took part in the friends and family test and most recent results showed that 83% of patients would recommend this practice.

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.
- The practice had a dignity and respect policy which all staff had access to and were aware of.
- The practice had implemented a system to send out letters to all patients newly diagnosed with cancer. This was to offer support and ensure they did not feel isolated.
- Patients were given advance warning when medical students were present at the practice and the option to decline the presence of the medical student in consultation.

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.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The practice had a hearing loop available at both sites.
- GPs within the practice offered text messaging and fax communication for patients who were hard of hearing.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 286 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Are services caring?

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them 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 understood its population profile and had used this understanding to meet the needs of its population. For example; the practice worked in partnership with Harrogate Hospital to provide an outreach clinic within the building. This provided patients with access to services such as trauma and orthopaedics, audiology and radiology.
- The practice provided an abdominal aortic aneurysm (AAA) screening service.
- The practice had responded to patient feedback regarding access to services by provided extended hours from 7am until 8am on Monday mornings and from 6pm until 8pm on Monday evenings.
- The practice offered same day telephone consultations and a triage service for any urgent appointments.
- The practice offered a range of online facilities including appointment booking and repeat prescription requests.
- The practice was also signed up to the electronic prescription service (EPS). This allowed prescriptions to be sent directly to pharmacies through the practice clinical IT system.
- The practice had a system in place to enable housebound patients to request repeat prescriptions over the telephone.
- 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.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example; GPs within the practice offered text messaging and fax communication for patients who were hard of hearing.

- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that less able patients received information in formats that they could understand and received appropriate support to help them to communicate.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8am until 5.40pm.

Extended hours appointments were offered from 7am until 8am on Monday mornings and from 6pm until 8pm on Monday evenings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

The practice had received negative feedback regarding access and length of time to get an appointment. Seven of the CQC comment cards also contained less positive comments regarding these issues. The practice had taken steps to overcome this. For example; the practice offered same day telephone consultations and a triage service for any urgent appointments.

The practice had a system 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 a system 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 complaints procedure was displayed on the notice board in reception and copies were available from reception.

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

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. However; some complaints did

not have a full paper trail documenting the response given. We discussed this with the practice at the time of our inspection and were advised a system would be introduced to document all complaint information.

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 which all staff were aware of and knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had recently been formed following the merger of two smaller practices and relocated to a new, purpose built building where additional services could be provided.
- At the time of our inspection the practice were looking to expand the skill mix of the staff they employed and were looking at different ways of doing this. They informed us they were looking at potentially employing an advanced nurse practitioner, a physiotherapist and a pharmacist.
- The practice was due to become a training practice with GP registrars commencing in summer 2017.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example; the senior nurse was the infection prevention and control lead.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems 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 training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of five documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

Are services well-led?

Good 

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

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the group were involved in the practice merger and open day, showing patients around the new building. The group were also heavily involved in improving communication with patients.
- The Patient Participation Group (PPG) were working closely with the practice to improve the patient experience.
- The NHS Friends and Family test, complaints and compliments received

- Staff through annual appraisals and team meetings. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example; at the time of our inspection the practice was in the process of becoming part of the research accredited quality assurance programme. This would enable the practice to become actively engaged in primary care research.