

# High Field Surgery

## Quality Report

Holtdale Approach

Leeds

West Yorkshire

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

### Ratings

#### Overall rating for this 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 High Field Surgery on 9 November 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.
- 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.
- 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 practice engaged proactively with the patient participation group (PPG) and had established a system whereby a member of the PPG would be involved with interviews for clinical posts.
- The practice had identified a higher than average number of patients with multiple long term conditions and responded to this issue in 2013 by developing a tailored recall programme to better structure care and reduce the need for multiple visits each year. This was prior to the House of Care approach being rolled out as a CCG initiative.

# Summary of findings

**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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- 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.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had identified a higher than average number of patients with multiple long term conditions and responded to this issue in 2013 by developing a tailored recall programme to better structure care and reduce the need for multiple visits each year. This was prior to the 'House of Care' approach being rolled out as a CCG initiative.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



# Summary of findings

- 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.

- 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. For example; the practice worked with 10 other practices to provide an extended hours 'hub' service from 8am to 4pm on weekends and Bank Holidays.
- The practice had adopted the local extended hours initiative, providing appointments from 8am until 8pm Monday to Friday.
- 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.
- Patients could access telephone appointments if they were unable to attend the practice in person.
- 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.
- The practice had developed a long term conditions recall process aiming to recall patients in a more structured way and eliminate unnecessary visits to the surgery.
- The practice was involved in the 'Pharmacy First' scheme and sign-posted patients as an alternative to a GP appointment. The 'Pharmacy First' scheme was aimed to encourage people to go to their local pharmacy for self-care advice on a range of minor ailments.
- The practice offered a range of online services including booking appointments, ordering repeat prescriptions and viewing medical records. These services were well utilised by the practice with 38% of patients signed up for online access.

Good



# Summary of findings

- The practice were involved in the electronic prescription service with 40% of patients having a nominated pharmacy and over 70% of repeat prescriptions being issued electronically directly to the pharmacy. This made the process of obtaining medication simpler for patients.
- The practice website was designed and maintained by a GP partner at the practice, this was regularly monitored to make sure relevant information was available to patients.
- The practice operated social media and video sharing websites to provide information to patients and receive feedback from them.

The practice hosted a number of services for patient convenience. For example; vasectomy and ultrasound services.

## Are services well-led?

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

- 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 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.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated 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 urgent appointments for those with enhanced needs.
- The practice employed a clinical co-ordinator whose role involved co-ordinating care plans from the unplanned admissions service and liaising with carers regarding patient care.
- The practice operated daily home visits by a variety of staff including GPs, practice nurses, health care assistants and the clinical care coordinator.
- All patients had a named GP and the practice encouraged continuity of care where possible.
- The practice hosted a memory clinic every week and staff within the practice had received training through the 'Dementia Friends' scheme.
- The practice hosted and supported abdominal aortic aneurysm (AAA) screening. AAA screening is a way of detecting a dangerous swelling of the aorta.

Good



### People with long term conditions

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.
- Performance against diabetes related indicators was better than the CCG and national averages. For example; 96% of patients with diabetes, on the register, had a record of a foot examination and risk classification. This was better than the CCG average of 88% and national average of 89%.
- 100% of patients newly diagnosed with diabetes, on the register, had a record of being referred to a structured education programme within 9 months after entry onto the diabetes register. This was better than the CCG average of 89% and national average of 92%.
- Longer appointments and home visits were available when needed.

Good



# 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.
- The practice had identified a higher than average number of patients with multiple long term conditions and responded to this issue in 2013 by developing a tailored recall programme to better structure care and reduce the need for multiple visits each year. This was prior to the 'House of Care' approach being rolled out as a CCG initiative.
- The practice introduced personalised care plans for patients with diabetes, chronic obstructive pulmonary disease (COPD), dementia and asthma. This was aimed at helping patients to be involved in ownership and management of their condition. COPD is the name for a group of lung conditions that cause breathing difficulties.
- 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.

## 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 accident and emergency (A&E) attendances.
- The practice ran a childhood immunisations recall system and immunisation rates were relatively high for all standard childhood immunisation.
- 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.
- The practice's uptake for the cervical screening programme was 84%, which was better than the CCG average of 79% and the national average of 82%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered emergency appointments and any child requiring emergency treatment would be seen the same day.
- The practice hosted a midwife run antenatal care clinic.

Good





# Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.

## **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. These were utilised by patients at the practice, with 38% of patients registered to use online services.
- The practice promoted the electronic prescriptions service, resulting in 40% of patients having a nominated pharmacy and over 70% of repeat prescriptions being sent electronically. This made the process of obtaining medication simpler for patients.
- Appointments were available outside of working hours and this included weekends and Bank Holidays.
- Patients could access telephone appointments if they were unable to attend the practice in person.
- The practice operated social media and video sharing websites to provide information with patients and receive feedback.
- The practice offered NHS health checks to all patients aged between the ages of 40 and 74

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 had a recall system in place for patients with learning disabilities and nominated staff to assist patient attendance including their carers.
- The practice offered longer appointments for patients with a learning disability and a side room was available for patients to use if they did not feel comfortable in the waiting area.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- 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.
- The practice was equipped to meet patient's needs; all areas were wheelchair accessible and there was a hearing loop installed on reception.

## 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).

- 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average of 87% and national average of 84%.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a care plan, documented in the record, in the preceding 12 months. This was higher than the CCG average of 85% and national average of 89%.
- 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.
- The practice hosted a memory clinic to provide patients with care closer to home.
- The practice worked in conjunction with the community mental health team to provide injectable treatments for patients with schizophrenia and other psychoses.

Good



# 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 above local and national averages. A total of 233 survey forms were distributed and 109 (47%) were returned. This represented just over 1% of the practice's patient population.

- 95% 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%.
- 91% 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%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.

- 94% 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 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which were all positive about the standard of care received. Patients used words such as friendly, understanding and welcoming to describe the service.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They told us how the practice had improved dramatically over the last three years under new practice management.

# High Field Surgery

## 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 High Field Surgery

High Field Surgery is located on Holtdale Approach, Leeds, West Yorkshire, LS16 7RX. Services are provided from a two storey, purpose built building with parking facilities for staff and patients. All patient services are provided from the ground floor, making the practice suitable for patients requiring wheelchair access. There is also a co-located pharmacy on site, providing convenient access for 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.

The service is provided by five GP partners (three male and two female). The practice also has four practice nurses and two health care assistants/clinical care co-ordinators. The clinical staff are supported by a practice manager, assistant practice manager and an experienced team of administrative and reception staff.

The practice serves a population of 7,800 and is situated in one of the lesser deprived areas of Leeds, with a higher than national average number of patients aged 55 and over. The practice offers a number of clinics including; minor surgery, sexual health and ante-natal.

The practice is open between 8am and 8pm Monday to Friday, with appointments being offered between the hours of 8am and 7.20pm. In addition the practice also hosts an extended hours 'hub' in conjunction with other local practices. The hub service is open from 8am until 4pm on Saturday and Sunday and also on Bank Holidays.

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 9 November 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff including two GP partners, a practice nurse, the practice manager and a receptionist.
- Received feedback from nine members of the reception and administrative team and three practice nurses via questionnaires.
- Spoke with four patients, who were also part of the patient participation group (PPG)
- 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

There was an effective system in place for reporting and recording significant events.

- The practice used an electronic system to record and investigate incidents. Staff within the practice could report directly onto this or inform the practice manager who would input the incident on their behalf. The incident recording system 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.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident had been recorded when an urgent cancer referral had been sent to a GP for checking. The GP had returned the referral to the individual secretary rather than the group which resulted in a delay in the referral being processed. As a result the practice undertook a review of the referral system, involving all GPs and secretaries, and implemented an instant messaging system to flag urgent referrals.

### 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. 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 child 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 prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place 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 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 nurses to administer medicines in line with legislation. PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions.
- 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.

# Are services safe?

## 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. The practice were mindful of the risk that extended hours could result in staff overworking and planned the rota to accommodate this.

## 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 average 96% and national average 95%) with 5% clinical exception reporting (CCG average 9% and national average 10%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- The practice had identified a higher than average number of patients with multiple long term conditions and had responded to this issue in 2013 by developing a tailored recall programme to better structure care and reduce the need for multiple visits each year. This was prior to the 'House of Care' approach being rolled out as a CCG initiative.

- Performance for diabetes related indicators was better than the CCG and national average. For example; 96% of patients with diabetes, on the register, had a record of a foot examination and risk classification. This was better than the CCG average of 88% and national average of 89%.

- Performance for mental health related indicators were better than the CCG and national average. For example, 92% 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 the higher than the CCG average of 85% and national average of 89%

The practice had taken part in the 'productive general practice' programme and as part of this work had involved all staff in mapping the prescription process within the practice to identify problems throughout the process. The initial mapping process identified 18 points where the prescription process could fail or encounter problems. Following the mapping process they had reduced this to four potential points.

There was evidence of quality improvement including clinical audit.

- We looked at two clinical audits completed in the last two years; both of these were completed audits where the improvements made were implemented and monitored.
- 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 in September 2015 to identify patients at risk of developing diabetes. The audit identified 9 patients as high risk of developing diabetes. Of those, 3 patients were already on diabetic treatment but were not properly coded on the clinical system, 2 patients had the diagnosis of terminal cancer and were receiving only palliative treatment and 4 patients needed to be followed up by the GP. As a result of the audit the findings were shared with all GPs and nurses for follow up. The second audit was carried out in September 2016 and identified only one patient, this patient was coded as pre-diabetic and scheduled to have annual blood checks to monitor.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- 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. In addition one of the practice nurses was being supported to complete a diabetes diploma and one of the secretaries was being supported to undertake an NVQ level 2 business course.
- 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, 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. 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 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. 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 and counselling services. Patients were signposted to the relevant service.
- A health care assistant at the practice was trained to provide smoking cessation, the practice also referred to a local support group.

The practice's uptake for the cervical screening programme was 84%, 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe

## Are services effective? (for example, treatment is effective)

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 82% to 99% (CCG average 94% and national average 88%) and five year olds from 95% to 99% (CCG average 98% 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 four 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 four members of the patient participation group (PPG). 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 was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% 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%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% 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%.
- 97% 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%.

- 96% 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%.
- 93% 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 questions about their involvement in planning and making decisions about their care and treatment. Results were mainly higher than local and national averages. For example:

- 94% 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%.
- 88% 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%.
- 86% 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 174 patients as carers this represented 2% 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 and offered 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 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. For example; the practice worked with 10 other practices to provide an extended hours 'hub' service from 8am to 4pm on weekends and Bank Holidays.

- The practice had adopted the local extended hours initiative, providing appointments from 8am until 8pm Monday to Friday.
- 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.
- Patients could access telephone appointments if they were unable to attend the practice in person.
- 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 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.
- The practice had developed a long term conditions recall process aiming to recall patients in a more structured way and eliminate unnecessary visits to the surgery.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice was involved in the 'Pharmacy First' scheme and sign posted patients as an alternative to a

GP appointment. The 'Pharmacy First' scheme was aimed to encourage people to go to their local pharmacy for self-care advice on a range of minor ailments.

- The practice offered a range of online services including booking appointments, ordering repeat prescriptions and viewing medical records. These services were well utilised by the practice with 38% of patients signed up for online access.
- The practice were involved in the electronic prescription service with 40% of patients having a nominated pharmacy and over 70% of repeat prescriptions being issued electronically directly to the pharmacy. This made the process of obtaining medication simpler for patients.
- The practice operated social media and video sharing websites to provide information with patients and receive feedback.
- The practice hosted a number of services for patient convenience. For example; vasectomy, ultrasound and memory clinics. There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours were provided from 6.30pm until 8pm Monday to Friday. Appointments were from 8am to 7.20pm daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and national average of 76%.
- 95% 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## 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 complaints leaflet that was available in the practice and also on the website.

The practice had received seven complaints in the last 12 months. We looked at two complaints 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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- There had been an increase in the patient list size due to the proposed closure of a local practice and the nursing team had been increased to accommodate this. The practice was also considering recruiting a salaried GP to cover one of the GP partners considering reducing their hours.
- The practice had undergone refurbishment to improve patient areas and at the time of our inspection, the practice was discussing plans to upgrade the reception area in an attempt to improve confidentiality.

### 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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust 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 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 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
  - The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place 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, 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 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 practice had worked with the PPG to reduce the number of unattended appointments. The group had

# Are services well-led?

Good 

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

suggested implementing a three tier warning system to address patients who continually missed appointments. In addition, the practice had agreed to have PPG involvement with all clinical recruitments, with a member of the PPG attending interviews.

- The practice operated social media and video sharing websites to provide information with patients and receive feedback.

- The practice had gathered feedback from staff through annual appraisals and regular meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

- 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; a partner at the practice was involved in plans with Leeds West Clinical Commissioning Group (CCG) to design and implement a CCG wide website. This was aimed at helping patients to get the right care through self-help and signposting.