The Ridge Medical Practice

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?	Requires improvement
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall, but Requires Improvement for providing responsive services.

The practice had been previously inspected on 19 July 2016 when it was rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at The Ridge Medical Practice on the 28th November and 5th December 2017. The inspection was carried out as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- There was extensive evidence of clinical audit and implementation of learning across the clinical team
- The provider was an Advanced Training Hub; this meant that a wide variety of clinicians including trainee GPs, paramedics, pharmacists and medical undergraduates attended placements at the provider.
- The provider employed a number of clinical staff who had received enhanced training in the care of the children, the elderly, patients with mental illness and those with epilepsy.
- Prescribing levels of antibiotics had been reduced in line with local and national targets.

Summary of findings

- The majority of patients told us that staff across the whole team were kind and caring and that they were treated with compassion, dignity and respect.
- Results from the national GP patient survey showed that the provider was performing lower than the national average in terms of access and in some consultations with clinical staff.
- Patients who were receiving end of life care were identified by the provider and care was effectively coordinated with their choices being actively met.
- Patients frequently found it difficult to access routine appointments. However, they told us that they were usually able to access urgent care when they needed it.
- There was a strong focus on continuous learning, clinical education and improvement at all levels of the organisation.
- Volunteer Practice Champions from across the patient group actively supported various health promotion and well-being initiatives.

The areas where the provider **should** make improvements are:

- Continue to review, act on and improve patient satisfaction in accessing services at the provider and in their interactions with clinical staff. Patient satisfaction in these areas was below local and national averages and highlighted as an issue of concern in patient feedback during the inspection.
- Review how strategic policy and decision making is shared by the senior leadership team across the wider staff team and patient population. Some staff with spoke with described a lack of effective communication across the organisation. Patient insights into why non-GP clinicians were offered in place of a doctor was not widely understood in some of the feedback we received during our inspection.

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

Summary of findings

The six population groups and what we found

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

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

The Ridge Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included two additional CQC inspectors and a GP specialist adviser.

Background to The Ridge Medical Practice

The Ridge Medical Practice is situated within a large modern purpose built surgery located at The Ridge Medical Centre, Cousen Road, Bradford, BD7 3JX. The practice provides services for approximately 23,000 patients and is part of the NHS Bradford District Clinical Commissioning Group (CCG).

The practice is a fully accessible for those with a physical disability. There is parking available on the site for patients, and a privately operated pharmacy is located within the practice building.

There are two branch surgeries, both of which were also visited during our inspection:

Wibsey Surgery

93 Smith AvenueWibseyBradfordBD6 1HA

Buttershaw Surgery

Royds Healthy Living Centre20 Ridings WayOff The CrescentButtershawBradfordBD6 3UD

The practice population age profile shows that it is above the CCG and England averages for those under 18 years old (29% compared to the CCG average of 24% and England average of 21%). Average life expectancy for the practice population is 77 years for males and 81 years for females (England average is 79 years for males and 83 years for females). Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice population is a mixture of White British, South Asian and East European ethnicity in composition.

The practice provides services under the terms of the Personal Medical Services (PMS) contract. Services offered include those in relation to:

- Childhood vaccination and immunisation including Meningitis C
- Drop in clinic for teenagers aged 13 -19 years
- Antenatal/Postnatal care
- Influenza, Pneumococcal, Rotavirus and Shingles immunisation
- Travel vaccinations
- Extended hours access
- Dementia support including nursing home visits
- Learning disability support
- Minor surgery including vasectomy
- Phlebotomy service
- Chronic disease management including spirometry and blood glucose monitoring
- Physiotherapy
- Extended care services in diabetes, neurology, dermatology, epilepsy and musculoskeletal problems
- Patient participation
- Palliative (End of Life) care

Detailed findings

Close links are maintained with a team of community health professionals, including health visitors, midwives and members of the district nursing team.

There are ten GP partners (seven male and three female). The registered manager is the Business Manager; a non-clinical partner. The GP partners work the equivalent hours of eight full time doctors. They are supported by 12 salaried GPs who work the equivalent hours of six full time doctors. The remaining clinical team includes a pharmacist, nine advanced nurse practitioners, four extended role practice nurses, 11 primary care practice nurses and seven health care assistants. Most of these staff work part time. The clinical team is supported by a practice manager and dedicated access manager. There is a large reception and administration team. A total of 138 staff are employed across the organisation.

The practice reception is open for enquiries daily from 8am to 6.30pm with consultations available throughout the day across all three locations. Pre-booked appointments for early morning appointments are available between 7-8.00am on Monday, Tuesday and Friday, and an evening surgery is available on Tuesday between 6.30-8pm. The practice website at www.theridgemedicalpractice.nhs.uk offers online appointment booking and the ordering of repeat prescriptions.

Out of hours services are provided by Local Care Direct and patients can access the provider via the practice telephone number.

The inspection rating relating to the previous inspection was on display within the building and was posted on the practice website.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a range of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure).
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role. The GPs worked effectively as a team and the locum doctors actively supported the lead GP with providing additional clinical cover when needed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. We saw that the provider maintained oversight of all the pathology reports received and that an effective system for managing these results was maintained.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We saw evidence that staff engaged with colleagues across health and social care in order to safeguard their patients.
- Referral letters were sent in a timely way and included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

Good

Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. For example, the provider had successfully reduced their prescribing rate of antibiotics and were consequently rated by the CCG as performing higher than the local average.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately, including certain high risk medicines. The practice involved patients in regular reviews of their medicines and utilised the skills of their practice pharmacist effectively to do this.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues and we saw that they were regularly reviewed.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, a breach in the fridge temperature, necessary for the safe storage of vaccines had occurred. This led to the destruction of affected stocks and a review of the incident. Staff reviewed procedures and learning was effctively implemented to assure staff of the correct process to follow.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We saw that these were actively discussed at clinical meetings.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice showed better than average performance in relation to the prescribing of antibiotic items. Data from January to December 2017 showed that the provider prescribed an average of 135 antibiotic items per 1000 registered patients. This was lower than the Clinical Commissioning Group (CCG) average of 144 items per 1000 registered patients and the England average of 136 items per 1000 registered patients. Lower rates are seen as more positive as they reduce the risk of antibiotic resistance across the patient population. The provider also demonstrated lower levels of broad spectrum antibiotic prescribing. Data from January to December 2017 showed that broad spectrum antibiotics were prescribed at a rate of 4%. This was lower than the CCG average of 5% and the England average of 9% over the same time period. The practice told us this had been achieved by improving awareness with clinicians and educating patients regarding the appropriate use of antibiotics.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used technology and equipment to improve treatment and to support patient's independence. For example, offering patients the option of having prescriptions delivered to their home through an online ordering system.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. Patients were encouraged to request a home visit as soon as possible in the day. Telephone consultations and same day urgent appointments were available for patients that needed them.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication. The provider employed an Advanced Nurse Practitioner with specialised skills in the care of older adults. A daily urgent care clinic for these patients was available.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- Patients were encouraged to receive a shingles vaccine and the annual flu vaccine. Housebound patients were offered a home visit to receive their vaccines if required.
- The practice followed up on older patients who were resident in local nursing homes, visiting as required.

People with long-term conditions:

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the lead clinician worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. For example, some nurses had received enhanced training in the management of diabetes and epilepsy. The practice pharmacist undertook medicine reviews and offered appropriate advice to patients.
- Overall performance in relation to the treatment of patients with long term conditions was in line with local and national averages. Data from 2016/17 showed that the number of patients living with diabetes who received a foot examination (which checks for potentially serious complications of diabetes) was 76%. This was 4% lower than the local average and 10% lower than the national average. However, patients living with diabetes who were able to maintain the optimum levels of HbA1 at levels of less than 59mmol (a blood test that measures how well controlled a patient's diabetes is) was 76%. This was 4% higher than the local and national average.

- **Families, children and young people:**

Good

Are services effective?

(for example, treatment is effective)

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- There were effective relationships between the health visitors, midwives and clinical team.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening from 2016/17 was 72%, which was lower than the 80% coverage target for the national screening programme. However, the practice population was a hard to reach demographic and we were told that improving this uptake was a strategic target for the current year.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated and compassionate way which took into account the needs of those whose circumstances may make them vulnerable. The provider reviewed 20 recent deaths from patients on the palliative care register and we saw that all had an advanced care plan and had died in their preferred location.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Patients with a learning disability, has access to nurses who had received enhanced training in identifying and meeting their needs and links were maintained with specialist community services.

People experiencing poor mental health (including people with dementia):

- 79% of eligible patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was lower than the local average of 85% and the national average of 84%. A weekly dementia clinic was offered to these patients.
- 92% of eligible patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was in line the local average of 94% and the national average of 90%.
- The practice employed a dedicated Mental Health Nurse Practitioner and along with the lead GP for mental health, aimed to provide continuity of care.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The provider arranged regular clinical peer reviews for complex cases, including those involving mental health. We examined in detail four two-cycle clinical audits that had been carried out within the last year. However, we saw that there were many other clinical audits in progress or in repeated cycles across the provider. We saw that these had led to either developments within the practice or assured the practice that operating standards were being met. For example, an audit into the management of depression led to improvements in the continuity of clinical care for patients experiencing depression. In another audit, the practice saw a reduction in unnecessary prescribing of allergy sensitive baby milk formula. We saw that audits were shared across the practice.

Where appropriate, clinicians took part in local and national improvement initiatives. For example; they participated in both the Bradford Beating Diabetes and the Bradford Breathing Better (asthma) programmes. The practice was also committed to The National Gold Standards Framework which promotes excellence in palliative (end of life) care.

The most recent published Quality Outcome Framework (QOF) results showed the practice had achieved 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%. The overall exception reporting rate was 18% compared with a local rate of 11% and a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) During

Good

Are services effective?

(for example, treatment is effective)

the inspection, we reviewed the higher than average level of exception reporting and found that the levels were appropriate and accurately recorded for the practice population.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example by completing advanced degrees and pursuing enhanced training.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs and wishes of different patients, including those who may be vulnerable because of their circumstances. The provider had undertaken a review of 20 recent deaths from cancer and showed us that 100% had been able to die at their preferred location whether at home, hospital or hospice in accordance with their wishes.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition, refugees and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. The innovative use of patients as 'practice champions' encouraged initiatives and activities to combat loneliness.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example by supporting stop smoking campaigns and by advising patients how to tackle obesity problems.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately and publicised the availability of a chaperone service offered by trained staff.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated the majority of patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice attempted to give patients timely support and information.
- Reception staff told us that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Most of the 132 patient Care Quality Commission comment cards we received were positive about the clinical care provided. Some aspects of the NHS Family and Friends test results were also positive with the majority of patients recommending the practice. We saw several examples of written feedback from external healthcare professionals; citing feedback they had received from patients registered at the practice. Staff were described as caring and compassionate.

Results from the July 2017 annual national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect. Surveys were sent out to 393 patients and 122 were returned. This was a completion rate of 31% This represented less than 1% of the practice population. However, the practice was more than 10% below the national average for its satisfaction scores for several of the questions relating to consultations with GPs and nurses. For example:

- 77% of patients who responded said the GP was good at listening to them compared with the CCG average of 88% and the national average of 89%.
- 71% of patients who responded said the GP gave them enough time; compared to the CCG average of 85% and the national average of 86%.
- 91% of patients who responded said they had confidence and trust in the last GP they saw; compared to the CCG and national average of 95%.
- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern; compared to the CCG average of 85% and the national average of 86%.
- 88% of patients who responded said the nurse was good at listening to them; compared to the CCG and national average of 91%.
- 89% of patients who responded said the nurse gave them enough time; compared to the CCG and national average of 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; compared to the CCG and national average of 97%.
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; compared to the CCG and national average of 91%.
- 82% of patients who responded said they found the receptionists at the practice helpful; compared to the CCG average of 85% and the national average of 87%.

The majority of comment cards collected during the inspection described compassionate care from the clinical staff. However, eight of the 132 cards we received described occasions where they felt rushed and not adequately listened to. There were mixed comments regarding reception staff. The majority described reception staff as helpful and professional. Several patients said that receptionists were occasionally rude or seemed too busy to help.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. A Slovakian interpreter attended the main site each morning to assist patients in person. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand and reduce potential stress. For

Good

Are services caring?

example, the practice employed their own Mental Health Nurse Practitioner and had several nurses who had received enhanced training in the care of adults with a learning disability.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice had a process to identify patients who were carers. This was publicised within the practice and asked opportunistically. The practice's computer system alerted clinicians if a patient was also a carer. The practice had identified 644 patients as carers (slightly less than 3% of the practice list. We saw that patients were encouraged to access support through the Carers' Resource team, who maintained links with the provider.

Staff told us that if families had experienced bereavement, the practice would contact them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs. We saw that a sympathy card was also sent, which gave helpful contact details for bereavement support.

Results from the national GP patient survey showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Comments made by patients were generally positive about the professionalism of the clinical staff. However, results were lower than local and national averages:

- 79% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 68% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 82%.
- 88% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national average of 90%.
- 74% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG and national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- Curtains and screens were provided to protect patient's dignity.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing responsive services across all population groups

The practice was rated as requires improvement for providing responsive services because:

- The practice was significantly below both CCG and national averages for its patient satisfaction scores on timely access to the service. We also received negative feedback on CQC comment cards from 38% of patients (50 of 132 cards completed) relating to difficulties in making contact with the provider and securing a convenient appointment. The practice was aware of poor satisfaction rates within their patient group and was working to address this. At the time of the inspection, the practice was unable to demonstrate the actions taken to date had resulted in the significant improvements required in patient satisfaction in a number of key areas highlighted by the national GP patient survey.

Responding to and meeting people's needs

The practice attempted to organise and deliver services across a large patient population and three locations to meet patient needs. It took account of increasingly complex patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments. The provider had a diverse and skilled team. However, some patients expressed disappointment to us on comment cards that they did not always see a doctor and did not readily accept the clinical triage process that might lead to an appointment with a nurse.
- The practice improved services where possible in response to unmet needs. For example, the provider had a growing patient population of East European migrants registering with the practice. A Slovakian interpreter attended the main site each morning to directly assist this group.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, by offering early morning and evening appointments for patients unable to attend during the usual working day. However some patients reported to us that these were frequently booked up far in advance.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was effectively coordinated with other services.

All of the population groups were rated as requires improvement for responsive services as poor patient satisfaction on timely access to the service affected all patients.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered an urgent same day assessment clinic to those aged 80 or over, with a specialist advanced nurse practitioner. The clinical team also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition were offered an annual review to check their health and medicines needs were being appropriately met. Multiple conditions could be reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs. Dedicated clinics were also offered in number of areas including; diabetes, anti-coagulant monitoring (to check the clotting levels of a patient's blood), cardiology, neurology, dermatology and musculo-skeletal conditions.
- The practice held regular meetings with the local community nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were effective systems to identify and follow up children and families living in disadvantaged circumstances and where there were safeguarding concerns, including domestic violence and Female Genital Mutilation (FGM). For example, children and

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

young people who had a high number of accident and emergency (A&E) attendances or were identified by the provider or other stakeholders as a child at risk. Records we looked at confirmed this.

- All parents or guardians calling with urgent concerns about a child under the age of one were offered a same day appointment when necessary. A same day assessment was offered for all children under the age of 18.
- A confidential drop-in weekly clinic was available for young people aged 13 – 19 years, with temporary patient registration available for young people not normally registered at the provider.
- After school clinics were offered across the main and branch sites on a daily basis for children and families that needed them.
- A full range of contraceptive services were offered.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had attempted to adjust the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours. However, patient feedback on accessing appointments that were convenient to people of working age was mixed.
- Telephone GP consultations and a triage system that directed patients to the most appropriate clinician were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those at risk of experiencing domestic violence, carers and patients with a learning disability.
- The provider liaised with a local homeless service and provided clothes collection for vulnerable service users.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. The provider employed a Mental Health Nurse Practitioner to provide specialised support to this patient group.
- Patients with mental illness were invited to an annual review and staff ensured patients who missed an appointment were actively followed up.
- The provider encouraged a variety of community activities to combat loneliness including; knitting and walking groups.

Timely access to the service

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients were able to access test results, diagnosis and treatment in a timely way, but reported that the time to get an initial appointment could be too long.
- Patients reported that attempting to access the service by telephone could cause substantial delays and was often inconvenient.
- Patients with the most urgent needs had their care and treatment prioritised.
- Some patients reported that the appointment system was difficult to use.

The national GP patient survey results were published in July 2017. The results showed the practice was performing significantly lower than local and national averages. We collected 132 CQC patient comment cards during our inspection and noted that patients said they had experienced difficulty in accessing an appointment on 50 responses. They told us that they found it difficult to obtain a convenient appointment and they had to wait too long to be seen. However, we also received several responses that said that they were able to access a convenient appointment without difficulty.

- 54% of patients who responded were satisfied with the practice's opening hours compared with the CCG average of 73% and the national average of 76%.
- 18% of patients who responded said they could get through easily to the practice by phone; compared with the CCG average of 58% and the national average of 71%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 70% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; compared with the CCG average of 79% and the national average of 84%.
- 63% of patients who responded said their last appointment was convenient; compared with the CCG average of 75% and the national average of 81%.
- 37% of patients who responded described their experience of making an appointment as good; compared with the CCG average of 64% and the national average of 73%.
- 38% of patients who responded said they don't normally have to wait too long to be seen; compared with the CCG average of 53% and the national average of 58%.
- 19% of patients who responded said they usually got to see or speak to their preferred GP; compared to the CCG average of 42% and the national average of 56%.

During the inspection, we reviewed the number of appointments available each week. We saw that they were in line with the expected number for a practice of this size. We reviewed the type of appointments available and saw that a variety of different appointments were offered. For example, there was a mixture of 'book on the day', telephone consultations and advance appointments. A triage system was in operation for patients accessing the Wibsey branch location that directed patients to the most appropriate clinical care. We saw that a senior partner and non-clinical manager actively reviewed access on a daily basis. The provider acknowledged that telephone access had presented challenges. A number of changes had been implemented. There was now a centralised telephone service for patients wishing to access the main site and the Wibsey branch location. Patients wishing to access the Buttershaw location were now offered a direct telephone line.

We were assured that patient access was a strategic priority for the provider and we saw that the difficulties had been approached openly and creatively.

A patient access plan had been drafted and submitted to the CCG. The plan detailed the issues highlighted within the patient survey and echoed some of the feedback given to us by patients during the inspection. However, the provider had not yet evaluated the impact of their strategic actions on service delivery and patient satisfaction. These actions were shown as ongoing on the access plan and was due for an interim review and a formal evaluation during April 2018.

Data from the Friends and Family test was gathered by the provider. Recent data shared with us during the inspection showed that the majority of patients would recommend the surgery to others. In answer to the question 'How likely are you to recommend our services to your friends and family?' 93% of respondents answered that they would be extremely likely/likely to do so. In answer to the question, 'Last time you wanted to see or speak to someone, were you able to get an appointment to see or speak to someone?' 17% of respondents said they had not been able to get an appointment/ see or speak to someone.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do.
- The complaint policy and procedures were in line with recognised guidance. We reviewed the provider's most recent complaints report and saw a total of 36 complaints had been received over a 12 month period. There were 28 complaints regarding clinical issues and eight were regarding access to the service, such as appointment availability. The provider had examined these complaints for themes and trends and had shared this learning with the staff team. We reviewed two responses in detail and saw that they were compassionate and appropriate in their response.

Are services well-led?

Good

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.The provider was an Advanced Training Hub; this meant that a wide variety of clinicians including trainee GPs, paramedics, pharmacists and medical undergraduates attended placements at the provider.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. There were regular team learning events where aspects of strategy were discussed.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. However, patient feedback indicated that some aspects of the strategy in meeting access were in need of review.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable clinical care.

- Staff stated they felt respected, supported and valued. However, several staff told us that effective communication from the senior leadership team could be improved. The practice focused on the needs of patients. However, feedback from patients described difficulty in contacting the surgery by telephone.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. However, several people told us that issues around management styles were not always fully addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. However, the style of appraisal had become more informal over time. The provider had responded to staff feedback on this and taken external advice from the Investors in People organisation. A review of this policy was planned. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. We saw that all members of the clinical team had been encouraged to develop additional skills that would be of long term benefit to them professional and also the patient population.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Are services well-led?

Good

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

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to review clinical practice to improve quality. For example, in improving the treatment of depression and the management of diabetes.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used in partnership with the performance team at the CCG .Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality services. However, performance around access needed to improve.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. This was confirmed by the staff team who described how the whole team were encouraged to promote innovation.
- The practice actively promoted the patient participation group and had effectively engaged with several patients to develop the role of practice champions. The service was transparent, collaborative and open with stakeholders about performance. For example, we saw evidence that the provider actively engaged with the local CCG.

Continuous improvement and innovation

Are services well-led?

Good

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

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice had worked to audit and improve outcomes for patients experiencing depression, improved some diabetes outcomes and effectively reduced their antibiotic prescribing.
- The provider was an important site for the training and mentorship of current and future health professionals. The team offered a wide range of clinical placements and learning opportunities for medical and allied health professionals. The provider maintained close professional links with universities across the region.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. For example, following a disappointing national GP patient survey, the provider developed a detailed action plan that was being implemented across the service.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.