

# Gildersome Health Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12
Areas for improvement	12

### Detailed findings from this inspection

Our inspection team	13
Background to Gildersome Health Centre	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Gildersome Health Centre on 17 May 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. We saw that incidents and events were analysed and learning shared with others in the practice.
- The practice delivered enhanced services, or participated in programmes to meet the needs of their specific population.
- The practice had defined and embedded systems to minimise risks to patient safety with regard to medicines, vaccines and the competency and training of staff.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Patients told us that they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a 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.

# Summary of findings

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

There were areas where the provider should make improvements:

- Review the immunity status of staff in relation to measles, mumps, rubella and chickenpox in order to assure themselves that their staff were adequately protected in line with the latest guidance.
- Review the practice health and safety risk assessments to ensure that these are fully completed, and that they have identified the necessary controls and monitoring processes to keep patients safe. In addition implement improvements to comply with the findings of the last fire risk assessment carried out in November 2016.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- From a sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had a number of defined and embedded systems, processes and practices to minimise risks to patient safety. However, some health and safety risk assessments needed further work and actions with regard to a recent fire risk assessment needed to be fully implemented.
- There were effective arrangements in place for managing medicines and vaccines
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the local and national averages (Performance data such as that in relation to the Quality and Outcomes Framework, child immunisations, and flu immunisations related to the previous provider of services at this location. There was however, continuity of leadership and staffing between the previous provider and the current provider at the time of inspection).
- Staff were aware of current evidence based guidance.
- The provider had carried out clinical audits were two cycle and demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment. In addition staff had received enhanced training to allow the delivery of specialist services such as Doppler assessments and treatment for complex leg ulcers.

# Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care (Feedback from this survey related to the previous provider of services at this location. There was however, continuity of leadership and staffing between the previous provider and the current provider at the time of inspection).
- Information we received from patients said that 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 accessible.
- We saw staff treated patients with kindness and respect.
- We were told of instances where staff had supported and assisted patients beyond their defined roles, for example; they had delivered prescriptions to the homes of patients who were unable to collect these themselves.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice identified and worked specifically with vulnerable patients at risk of unplanned admissions to hospital by the provision of enhanced care planning and monitoring.
- The practice offered early morning appointments either in person or via the telephone on a Wednesday with a nurse or health care assistant from 7am to 8am.
- The practice worked with other GPs as part of the Morley Hub which offered patients appointments on a Saturday between 8am and 4pm and on a Sunday between 8am and 12 noon. These services were delivered at a nearby surgery.
- There were longer appointments available for patients with a learning disability or those with additional needs such as the frail elderly with complex needs.
- Home visits or telephone consultations were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

# Summary of findings

- The practice had adopted and implemented the 'Year of Care' model for management of diabetic patients. This supported patients to learn about their condition, how to self-manage and how to be involved in the care planning process.
- The practice worked with midwives and hosted clinics for patients from other surgeries as well as their own.
- The practice sent text message reminders of appointments, and made personal telephone calls to patients with memory issues to remind them on the day that an appointment was due.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

## 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels.
- GPs and members of the nursing team who were skilled in specialist areas used their expertise to offer additional services to patients.

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.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns they had identified.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population, and made regular reviews of patients identified on their proactive case management register.
- The practice was responsive to the needs of older patients, and offered home visits, urgent appointments and telephone consultations for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- Where older patients had complex needs, the practice worked closely with other health and care partners to develop effective care packages.
- The practice nurse provided an extensive wound care service which included Doppler assessments and treatment for complex leg ulcers. A Doppler assessment helps assess the blood supply in the limbs in order to assist with treatment and care planning. This avoided the need for patients to attend secondary care services some distance from where they lived.
- Flu vaccination uptake at the practice was good and 76% of eligible patients over 65 years old had received a vaccination in 2016/2017.

### People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. Care plans had been developed and were regularly reviewed to meet the needs of these patients. To support this work staff had received additional specialist training.
- The practice worked closely with long term condition patients to develop specific care packages and offer support. For example, the practice had adopted and implemented the 'Year

# Summary of findings

of Care' model for management of diabetic patients. This supported patients to learn about their condition, how to self-manage and how to be involved in the care planning process.

- The practice participated in a Patient Empowerment Project. The practice referred patients with long term conditions on to local groups and community activities in the voluntary sector. Referred patients were supported to develop the skills, knowledge and confidence to self-manage their condition and by this improve their overall health and wider wellbeing.
- Performance for diabetes related indicators was consistently above both the CCG and national averages. For example, 94% of patients with diabetes, on the register, had a record of a foot examination and risk classification being carried out in the preceding 12 months compared to a CCG average of 88% and a national average of 89%.
- Longer appointments and home visits were available to patients when needed, and appointments wherever possible were coordinated with the GP/nurse to prevent patients having to attend the practice unnecessarily.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. The practice carried out audits to identify any child that may not have received their childhood immunisations and made contact with the parents of patients to increase uptake.

Good





# Summary of findings

- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, the practice hosted a midwife clinic every Tuesday morning for practice patients, and in addition provided a room for the midwife to see patients from other surgeries on a Tuesday afternoon.
- The practice had emergency processes and appointments available for acutely ill children and young people.

## **Working age people (including those recently retired and students)**

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services which included appointment booking, prescription ordering and access to some health records.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group, such as NHS Health Checks, pre-diabetes screening and lifestyle advice.
- Patients could access appointments with the practice nurse and health care assistant from 7am until 8am on Wednesday mornings.
- The practice also worked with other GP partners as part of the Morley Hub which offered patients weekend appointments.

**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 registers of patients living in vulnerable circumstances including those with a learning disability and the frail elderly with complex needs. They used this information to plan and deliver specific care, and allocated additional time to deal with their needs.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

**Good**



# Summary of findings

- We saw evidence that the practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice used the frailty index audit and case management register to offer health checks, support and initiate care plans. The frailty index is used to measure the health status of ageing individuals.
- We were told by the practice that staff offered additional support to patients. For example; they had delivered prescriptions to patient's homes, and had assisted patients with the completion of personal forms at their request.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- GPs carried out reviews of vulnerable patients whilst on home visits.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact and report such concerns to relevant agencies in normal working hours and out of hours.

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

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

- We saw that the practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. For example; the practice worked with a local mental health service provider who actively assessed and reviewed referred dementia patients to ensure medication was up to date and that any ongoing concerns were dealt with.
- The practice held a register of patients who were experiencing poor mental health. They used this data to plan the delivery of services such as advanced care planning and reviews.
- 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 compared to a CCG average of 85% and a national average of 89%.

Good



# Summary of findings

- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG average of 87% and the national average of 84%.
- The practice had review systems in place for monitoring repeat prescribing for patients which included those receiving medicines for their mental health needs.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff demonstrated they had a good understanding of how to support patients with mental health needs and dementia and had received update training in this area of speciality.
- The practice made telephone calls to patients with memory issues to remind them when appointments and reviews were due.

# 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 generally in line with local and national averages, however there were specific areas where the practice performed either significantly above or below these figures (Data from the national GP patient survey related to the previous provider of services at this location. There was however, continuity of leadership and staffing between the previous provider and the current provider at the time of inspection). Of the 253 survey forms which were distributed 116 were returned which gave a response rate of 46%. This represented around 4% of the practice's patient list.

- 90% of patients described the overall experience of this GP practice as good compared with the CCG average of 89% and the national average of 85%.
- 83% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the 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 28 comment cards which were all very positive about the standard of care received. Many of the cards mentioned the helpfulness of practice staff and the caring attitude and professionalism of clinical staff.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Data from the NHS Friends and Family Test collected for April 2017 showed that all of the 21 patients who responded would be either extremely likely or likely to recommend the practice to family and friends. (The NHS Friends and Family Test was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give your views after receiving care or treatment across the NHS.) Comments from the Friends and Family Test were prominently displayed in the practice.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Review the immunity status of staff in relation to measles, mumps, rubella and chickenpox in order to assure themselves that their staff were adequately protected in line with the latest guidance.
- Review the practice health and safety risk assessments to ensure that these are fully completed, and that they have identified the necessary controls and monitoring processes to keep patients safe. In addition implement improvements to comply with the findings of the last fire risk assessment carried out in November 2016.

# Gildersome Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The inspection was led by a CQC Lead Inspector and included a GP specialist adviser.

## Background to Gildersome Health Centre

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

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

At the time of our inspection, the service was provided by two GP partners (both male), a locum GP on a temporary contract (female), a practice nurse (female) and a health care assistant (female). The clinical team were supported by a practice manager and a team of administrative and reception staff.

The current provider registered with the Care Quality Commission in November 2016 when it moved from operating as a single handed GP practice to a partnership. There is continuity of leadership and staffing between the previous provider and the current provider.

The practice serves a population of around 3,340 patients who can access a number of clinics for example; minor

surgery, asthma and diabetes. The practice has a high percentage of older patients with 23% of the patient list being over 65 years old (10% of the list were aged over 75 years). The population is predominantly White British in composition.

The practice is open between 8am to 6.15pm on Monday, Tuesday, Thursday and Friday and from 7am to 6.15pm on Wednesday. Telephone contact with the practice is available on these days up to 6.30pm.

GP and nursing team appointments are available on Monday, Thursday and Friday from 8.30am to 11.30am and 3.30pm to 6pm, on a Tuesday from 8.30am to 11.30am and 2.30pm to 6pm, and on a Wednesday from 7am to 11.30am and 3.30pm to 6pm.

The practice also works with other local GPs to offer appointments via the Morley Hub on Saturdays from 8am to 4pm and Sundays from 8am to 12 noon. This service is delivered from a nearby surgery.

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 practice had previously been inspected in July 2016 and had been rated as Good overall. Following this inspection the practice altered its registration status with the Care Quality Commission and registered as a partnership, rather than as a practice operated by an individual. This meant that the practice became liable for a further inspection to check

# Detailed findings

whether the new provider was 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 including NHS England to share what they knew. We carried out an announced visit on 17 May 2017. During our visit we:

- Spoke with a range of staff which included GP partners, the practice manager, the practice nurse and in addition we received written feedback from members of the nursing team and non-clinical team.
- We met and spoke with patients who used the service including members of the patient participation group.
- Observed how patients were being interacted with in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager, or in their absence the office manager of any incidents or significant events, and there was a recording form available on the practice's computer system or in hard copy. This incident recording process 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 as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events, and we saw in these minutes and from feedback received from staff that such incidents and the learning from them were shared with staff to improve services and prevent recurrences. For example, the practice had recorded an incident regarding a scam financial email which they had received. This email had been recognised as such by the practice, but notwithstanding this they had used the incident to raise staff awareness of IT security.

### Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff and were available from the office in hard copy or were available on the practice intranet. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was the designated lead member of staff for safeguarding with the other partner

acting as deputy in their absence. Staff were aware of these roles and who to contact if they had concerns. Safeguarding meetings were held with the health visitor on a quarterly basis and we were informed that they provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to safeguarding level three, nursing staff had been trained to level two and non-clinical staff had been trained to level one. We saw that information regarding reporting routes for safeguarding concerns were prominently displayed in all consultation and treatment rooms.
- A notice in the waiting room and others in consultation and treatment rooms advised patients that chaperones were available if required (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 a medical examination or procedure). 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). When a chaperone was used both the clinician and the chaperone recorded this in the patient record.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. Cleaning was carried out by an external contractor.
- The practice nurse was the infection prevention and control (IPC) clinical lead and there was an IPC protocol in place. We saw evidence that staff had received up to date IPC training. Annual IPC audits were undertaken, the most recent was carried out in March 2017 and we saw documented evidence that action was taken to address any improvements identified as a result.



## Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being issued to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- 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). The health care assistant was trained to administer vaccines and medicines using patient specific directions (PSDs), (PSDs are written instructions, signed by a prescriber e.g. a doctor, for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis). We saw that these PGDs and PSDs were being properly authorised and managed by the practice.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, the practice had not checked the immunity status of staff in relation to measles, mumps, rubella and chickenpox.

### Monitoring risks to patients

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

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

designated fire officers and marshals within the practice. However, there was no evidence that the practice had fully analysed or actioned the points raised in the last fire risk assessment carried out in November 2016.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings). It was noted though that elements of health and safety risk assessments had not been fully completed, and whilst hazards and risks had been identified, controls and monitoring processes had not been put in place.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. If required we were informed that the practice would use locum/agency staff to meet need.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- We saw from practice records submitted to us that staff had received annual basic life support training, and emergency medicines were available for use.
- 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 within the practice.
- 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.



## Are services safe?

- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through clinical audits.
- At the time of inspection the practice held clinical meetings on an ad hoc basis, generally every month. The practice told us that it was planning to move to a more formalised pre-planned monthly meeting schedule and move away from ad hoc meetings. Meeting minutes were kept and these were comprehensive.

### 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 for 2015/2016 showed that the practice under the previous provider had achieved 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. We also saw unverified and unpublished data for 2016/2017 for the new provider which showed continued high achievement in relation to QOF.

Overall clinical exception reporting was 6% compared to a CCG average of 9% and a national average of 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 2015/2016 showed:

- Performance for diabetes related indicators was consistently above both the CCG and national averages. For example, 94% of patients with diabetes, on the register, had a record of a foot examination and risk classification being carried out in the preceding 12 months compared to a CCG average of 88% and a national average of 89%.
- Performance for mental health related indicators was generally similar to or above CCG and national averages. 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 compared to a CCG average of 85% and a national average of 89%.

There was evidence of quality improvement including clinical audit:

- We looked in-depth at four clinical audits commenced in the last two years by the previous and current provider. All these clinical audits were two cycle audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, a clinical audit (carried out by the previous provider and continued by the new provider) in relation to dual therapy for atrial fibrillation (dual therapy uses more than one medication to treat a condition and atrial fibrillation means that the heart is beating too fast, too slow, or with an irregular pattern) carried out in August 2016 and repeated in February 2017 saw that changes made as a result of the first audit had led to an improvement in medication prescribing practice and adherence to national guidelines.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes. In addition the practice

# Are services effective?

## (for example, treatment is effective)

nurse had received advanced wound care training which allowed the delivery of enhanced services which included Doppler assessments and treatment for complex leg ulcers.

- 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, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed on the day we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services and discussing complex cases.

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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place

with other health care professionals on a two to three monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Minutes of these meetings and decisions made were recorded and available within the practice.

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

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- who were in the last 12 months of their lives
- at risk of developing a long term condition

The practice's uptake for the cervical screening programme was 88%, which was above both the CCG average of 79% and the national average of 81%. Data from 2015/2016 showed that the practice performed either in line with or above local and national averages in relation to screening patients aged 60 to 69 years for bowel cancer. 61% of patients from the practice had been screened compared to a CCG average of 60% and a national average of 56%. Breast screening performance was also comparable with both national and local averages.

Childhood immunisations were above those of the national childhood vaccination programme in 2014/2015. For

## Are services effective?

(for example, treatment is effective)

example, rates for the vaccines given to under two year olds ranged from 98% to 100% (CCG average 94% and national average 88%) and for five year olds was 100% (CCG average 96% and national average 89%).

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40 to 74 and health checks for those aged over 75. 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

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- The practice had a dedicated examination room.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff and patient feedback showed that confidential conversations could be overheard in the reception area. As an immediate response the practice had placed a notice in this area asking patients to give those at the reception desk additional space and privacy. In the longer term the practice had plans to install windows in the reception area to improve confidentiality.

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

We spoke with two patients/members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. The practice told us of instances where staff had supported patients to complete complex forms and had delivered prescriptions to the homes of patients.

Results from the national GP patient survey showed mixed results when patients were asked their views on consultations with GPs and nurses. For example:

- 76% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.

- 81% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 94% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

We saw that the practice had analysed the national GP patient survey results. They felt that the areas of low satisfaction in relation to GP consultations were the result of the resignation of a practice partner and the interim use of locum GPs. Since this time a new partner had been appointed and locum usage had reduced.

### Care planning and involvement in decisions about care and treatment

Patients during the inspection 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

## Are services caring?

aligned with these views. When we discussed care planning with the practice we were told, and saw evidence, that these were personalised and took into account the needs and views of patients.

Results from the national GP patient survey were mixed when compared to local and national averages when questioned about their involvement in planning and making decisions about their care and treatment. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%. 5% of patients said that the last GP they saw was very poor at involving them in decisions about their care compared to a CCG and national average of 1%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that interpretation and translation services were available for patients who did not have English as a first language.
- We saw that some information leaflets were available in easy read format.

- The NHS e-Referral Service (Choose and Book) was used with patients as appropriate (this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer or was cared for. The practice had only identified 25 patients as carers (under 1% of the practice list), and 37 patients as having a carer (1% of the practice list). The practice told us that they try to identify if a patient has caring responsibilities during consultations. The new patient health questionnaire also sought to identify carers. When we discussed the low numbers of identified carers the practice told us that they would review this and seek improvement. Written information was available to direct carers to the various avenues of support available to them, and the practice website contained a section dedicated to carers.

Staff told us that if families had experienced bereavement, they would contact them either via letter or verbally to give their sympathies and to offer further support if and when this was required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered early morning appointments either in person or via the telephone on a Wednesday with a nurse or health care assistant from 7am to 8am.
- The practice worked with other GPs as part of the Morley Hub which offered patients appointments on a Saturday between 8am and 4pm and on a Sunday between 8am and 12 noon. These services were delivered at a nearby surgery. We were told by the practice that the Morley Hub planned to start delivery of weekday evening sessions from 6pm to 8pm in the near future.
- There were longer appointments available for patients with a learning disability or those with additional needs such as the frail elderly with complex needs.
- Home visits or telephone consultations were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had adopted and implemented the 'Year of Care' model for management of diabetic patients. This supported patients to learn about their condition, how to self-manage and how to be involved in the care planning process.
- In conjunction with other practices in NHS Leeds West CCG, the practice participated in a Patient Empowerment Project. Practices who participated referred patients with long term conditions on to local groups and community activities in the voluntary sector. Referred patients were supported either in a group, or one-to-one to help them to develop the skills, knowledge and confidence to self-manage their condition and by this improve their overall health and wider wellbeing.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice nurse provided an extensive wound care service which included Doppler assessments and treatment for complex leg ulcers.
- The practice offered proactive, personalised care to meet the needs of older and/or more vulnerable patients, and used this to seek to reduce unplanned

admissions to hospital. At the time of inspection 55 patients were on the practice proactive case management register and in receipt of this additional support.

- The practice worked with midwives and hosted clinics for patients from other surgeries as well as their own.
- One of the practice partners had a special interest in gout and had produced an information leaflet for patients regarding the condition.
- The practice sent text message reminders of appointments, and made personal telephone calls to patients with memory issues to remind them on the day that an appointment was due.
- There were accessible facilities, which included a hearing loop, and interpretation and translation services available.
- The practice had considered the implications of the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate. For example, the new patient leaflet sought to identify patients with specific communication needs.

### Access to the service

The practice was open between 8am to 6.15pm on Monday, Tuesday, Thursday and Friday and from 7am to 6.15pm on Wednesday. Telephone contact with the practice was available on these days up to 6.30pm.

GP and nursing team appointments were available on Monday, Thursday and Friday from 8.30am to 11.30am and 3.30pm to 6pm, on a Tuesday from 8.30am to 11.30am and 2.30pm to 6pm, and on a Wednesday from 7am to 11.30am and 3.30pm to 6pm.

The practice also worked with other local GPs to offer appointments via the Morley Hub on Saturdays from 8am to 4pm and Sundays from 8am to 12 noon. This service was delivered from a nearby surgery.

The practice offered appointments which included:

- On the day appointments and urgent appointments such as for children under five years or for those with identified needs.
- Pre-bookable appointments four to five weeks in advance.



# Are services responsive to people's needs?

## (for example, to feedback?)

- Telephone consultations where patients could speak to a GP or nurse to ask advice and if identified obtain an appointment.
- Home visits.

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

- 82% of patients were satisfied with the practice's opening hours compared with the CCG average of 83% and the national average of 76%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.
- 89% of patients 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 86% and the national average of 85%.
- 93% of patients said their last appointment was convenient compared with the CCG average of 94% and the national average of 92%.
- 83% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 71% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 58%.

Patients 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.

The practice carried this out by discussing with the patient their symptoms and needs and using this to make an informed decision based on clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager 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.

We looked at two formal complaints in depth that had been received in the last 12 months and found that these had been satisfactorily handled. For example, a complaint about wording on the website was considered by the practice. They agreed with the points raised by the complainant and subsequently made changes to the wording on the website. We saw evidence that learning points from complainants were considered to prevent a recurrence.



# 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. They told us that they prided themselves on putting patient care first and foremost and that as a small practice they not only medically treated their patients, but also sought to get to know their patients.

The practice had developed and adopted a Patients Charter which outlined the respective rights and responsibilities of the practice and patients. This was clear and comprehensive, and was a useful tool for the management of both staff and patient expectations.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, the nursing team had lead roles in the delivery of services to, and the management of, care for patients with long term conditions.
- Practice specific policies were implemented and were available to all staff. It was noted that some of these policies had recently exceeded their review dates. When informed of this the practice told us that they would take steps to rectify this.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held at monthly intervals and these provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- We saw evidence that lessons learned from significant events and complaints were shared with staff at meetings.

### 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 and that they were committed to working with patients to improve the services they offered. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment the practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with other health and care professionals to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

# Are services well-led?

Good 

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

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met two to three times a year and submitted suggestions and proposals for improvements to the practice management team. For example, the PPG members told us that they had suggested to the practice that more patients needed to be made aware of the telephone consultation service which was available as they had received feedback that not all patients knew this service existed. The practice took this on board and publicised this service more widely via the patient leaflet and website. Telephone consultation usage had increased since this awareness raising.
- The NHS Friends and Family Test, complaints and compliments received.
- Individual patient suggestions.
- Staff through meetings, appraisals and individual and group discussions. 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:

- The practice had adopted and implemented the 'Year of Care' model for management of diabetic patients. This supported patients to learn about their condition, how to self-manage and how to be involved in the care planning process.
- In conjunction with other practices in NHS Leeds West CCG, the practice participated in a Patient Empowerment Project. Practices referred patients with long term conditions on to local groups and community activities in the voluntary sector who then supported these patients to develop the skills, knowledge and confidence to self-manage their condition.