

# Wetherby Surgery

## Quality Report

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

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall. This was the first inspection of the practice under the current provider.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

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 Wetherby Surgery on 11 January 2018. This inspection was carried out as part of our inspection programme and was the first inspection under the current provider.

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 a clear system in place for acting upon and cascading drug safety alerts.
- All the practice's policies and procedures were embedded and easily accessible to all staff.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Staff involved patients in their care, and treated them with compassion, kindness, dignity and respect.

We saw one area where the provider **should** make improvements:

- The provider should carry out regular balance checks of controlled drugs in line with the latest guidance.

**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	

# Wetherby Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector a GP specialist adviser and a medicines inspector.

## Background to Wetherby Surgery

Wetherby Surgery is part of One Medical Group Ltd. It is one of four practices operated by One Medical Group Ltd in the Leeds area. In addition to the four GP practices, One Medical Group Ltd also deliver a walk in centre service and a primary care co-location service based in two Leeds hospitals.

Wetherby Surgery is located in Wetherby Health Centre, Hallfield Lane, Wetherby, West Yorkshire, LS22 6JS. There is also a branch site, Harewood Surgery, 69 The Square, Harewood, Leeds, LS17 9LQ. The branch site is situated in a more rural location and as such is a dispensing site. We visited both sites as part of our inspection.

The provider has developed a 'One Leeds' model which includes access to clinical and non-clinical resources from within One Medical Group Ltd as and when needed and supports the appointment system across the Leeds locations. As such, incoming calls from patients were handled by a central administration team located off-site, in Leeds City Centre. We visited this site on 5 December 2017 to look at the systems and processes in place.

Wetherby Surgery is housed in a modern, purpose built premises with on-site parking facilities. The practice is accessible to those patients with limited mobility, or those patients who use a wheelchair.

Harewood Surgery is located in a converted residential building with limited on-site parking facilities. The surgery is located over two floors, however all clinical rooms are located on the ground floor to support patients with limited mobility.

At the time of our inspection there were 3,584 patients registered on the practice list. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England.

The Public Health National General Practice Profile shows the majority of the practice population to be of white British origin; with approximately 4% of the population to be mixed ethnic groups. The level of deprivation within the practice population is rated as nine, on a scale of one to ten. Level one represents the highest level of deprivation, and level ten the lowest.

The average life expectancy for patients at the practice is 82 years for men and 86 years for women, compared to the national averages of 79 years and 83 years respectively. Twenty seven percent of the practice population are aged over 65 years compared to the CCG average of 16% and the national average of 17%.

The practice offers a range of enhanced services which include childhood vaccination and immunisation, influenza and pneumococcal immunisations.

The practice has four salaried GPs (three male and one female) with the support of a regular locum GP. The clinical team is completed by a locum advanced nurse practitioner (ANP), a practice nurse, two regular locum practice nurses,

## Detailed findings

and a health care assistant. We were informed that the provider was in the process of recruiting an additional six sessions of GP cover and four sessions of advanced nurse practitioner cover to support the existing clinical team.

Working to support the clinical team is a practice co-ordinator, a head administrator, four dispensers and a range of secretarial and administrative staff.

The practice also hosts a clinical pharmacist, a 'connect well' advisor, an alcohol support worker and a midwife. Connect Well is a social prescribing service which works with primary care to direct people to services and support groups within the local community.

Wetherby Surgery is open between 8am and 6pm Monday to Friday. Appointments are available between 8.30am and 11.30am in the morning, and 1.30pm to 6pm in the afternoon.

Harewood Surgery is open between 8.30am and 12.30pm daily with the exception of Tuesdays when the surgery is open between 3.30pm and 6pm.

Out of hours care is provided by Local Care Direct, which is accessed by calling the surgery telephone number, or by calling the NHS 111 Service.

# 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 appropriate risk assessments which included fire and health and safety. The practice also had a risk register which clearly outlined the priority, actions identified and timescales for completion.
- There was a comprehensive range of safety policies which were available on the provider's computer system. All staff had access to these and we saw that they were regularly reviewed and communicated to staff.
- Staff received safety information for the practice as part of their induction and refresher training. In addition, all staff completed health and safety training as part of their mandatory training requirements on an annual basis.
- 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.
- 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. The provider was aware of the need for additional staff at the Wetherby site and at the time of our inspection they were in the process of recruiting to additional GP and advanced nurse practitioner sessions.
- There was an effective induction system for temporary staff tailored to their role.
- 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.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

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

- We checked the arrangements for managing medicines at the practice. Medicines were dispensed from the Harewood branch for patients on the practice list who did not live near a pharmacy, and this was safely managed.

## Are services safe?

- There was a named GP responsible for the dispensary and we saw records showing all dispensary staff had received training appropriate for their role. The lead pharmacist showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). SOPs had been regularly reviewed and a record was maintained to ensure staff had read them.
- The practice dispensed controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had an SOP in place covering their management. Controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. We found no evidence of regular stock balance checks of controlled drugs, however all dispensed medicines were accounted for appropriately.
- Dispensary staff regularly checked stock medicines were within their expiry date. There were appropriate arrangements in place for the disposal of waste medicines, including controlled drugs and facilities for the safe disposal of cytotoxic medicines.
- Repeat prescriptions were signed before being dispensed and there was a process in place to ensure this occurred. Blank computer prescriptions and pads were stored securely, and there was a system in place to track their movement which met with recommendations made in national guidance.
- The practice responded appropriately to medicines alerts, medical device alerts and other patient safety alerts; we saw records of the action taken in response to these. Staff kept a 'near-miss' record (a record of dispensing errors that have been identified before medicines have left the dispensary); we found evidence that these were discussed with the dispensary team to share learning and prevent reoccurrence. There were arrangements in place for the recording of significant events involving medicines; the practice had acted adequately to investigate these incidents and review dispensing practices to prevent reoccurrence.
- The practice had a process in place to manage information about changes to patients' medicines received from other services. We saw that details of medicines prescribed by secondary care were correctly recorded on the clinical system to support safe prescribing.
- We asked to see examples of quality improvement activity, for example prescribing audits. One full-cycle audit had been completed in the last 12 months and an audit schedule was in place to ensure further audits were carried out in 2018. There was evidence of the practice accessing their prescribing data and benchmarking against other local practices. The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.
- We saw a system was in place to ensure the safe handling of requests for repeat prescriptions, including high risk medicines. We checked records for patients who were receiving high risk medicines and found they had all had the required monitoring carried out or the patient had been contacted to chase up outstanding blood tests.
- The lead pharmacist told us that for people with long term conditions, repeat medicines were re-authorised dependent on either an annual or six monthly medicine review. This meant that patients were being properly reviewed to ensure their repeat medicines remained safe and appropriate, in particular those with long term conditions and those taking multiple medicines.

### Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- 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.
- Staff were encouraged to raise any areas of concern relating to safety.

### 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

## Are services safe?

action to improve safety in the practice. For example; an incident was reported when a patient was identified as being prescribed hormone replacement therapy (HRT) for menopausal symptoms, and had not had the appropriate annual review. At such a review, the patient could be given the opportunity to reduce or stop treatment where appropriate or be supported to continue with treatment if they so choose. As a result the practice produced an audit template to collect

information regarding all patients being prescribed HRT. All patients were invited to attend a review with the GP to discuss options for HRT and the risks associated with treatment. This resulted in 33% of patients discontinuing with the medication and 15% of patients changing to a more suitable medication.

- 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.



# Are services effective?

(for example, treatment is effective)

## Our findings

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

### 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.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was comparable to other practices in the Clinical Commissioning Group (CCG) and nationally for the prescribing of medications such as Hypnotics (drugs whose primary function is to induce sleep) and antibacterial prescription items (drugs used to kill bacteria).
- We saw no evidence of discrimination when making care and treatment decisions.
- Clinical staff within the practice were directed to various sources of online information to ensure the delivery of safe care and treatment. For example; the latest National Institute for Health and Care Excellence (NICE) guidance was accessible through the providers intranet system, the Patient UK website was available via the clinical system to access evidence based patient advice and staff had access to 'Leeds Health Pathways' for the latest local guidance.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- The practice participated in the clinical commissioning group frailty scheme. This aimed to identify patients with severe frailty as indicated by the electronic frailty index. The practice was then able to review care and provide individualised support in conjunction with other providers.
- The provider had been working with the National Association of Primary Care (NAPC) and other local services to develop the primary care home visiting service for the locality. This aimed to bring together a range of health and social care providers to work together and provide personalised and preventative care for the local community.

- The practice worked closely with local volunteer groups such as 'Wetherby in Support of the Elderly' (WiSE) and volunteer patient transport.
- The practice operated a clear home visit triage policy to ensure that all home visit requests were dealt with appropriately.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP 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.

#### Families, children and young people:

- The practice nurse performed childhood immunisations and dedicated appointments for baby/post-natal checks were available with GPs.
- 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. The practice had a process to follow up any non-attenders.
- The practice had access to the health visiting team who were located in the same building and the hospital midwives also ran regular antenatal clinics from Wetherby Health Centre.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 76%, which was in line with the 72% coverage target for the national screening programme.
- The practice offered an extensive contraception service which included implants, coil fitting and sexual health support.

# Are services effective?

## (for example, treatment is effective)

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. 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 way which took into account the needs of those whose circumstances may make them vulnerable.
- Staff received mandatory training including safeguarding, 'PREVENT' and equality and diversity. The aim of PREVENT training is to safeguard vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice hosted a social prescribing clinic from the 'Connect Well service'. This offered patients the opportunity to access local support within the community.
- The practice engaged in multidisciplinary meetings with other health professionals to discuss patients who were vulnerable or had specific health needs.
- 'Language line', a telephone interpreting service, was accessed by staff within the practice to support patients whose first language was not English.

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

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average.
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 92% (CCG average 93%; national

average 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 92% (CCG average 96%; national average 95%).

- The practice hosted an alcohol worker who was able to see patients on site in the practice.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of care provided. For example; staff within the practice received weekly operational performance information relating to the Quality and Outcomes Framework (QOF) achievement and administrative demands which were used to ensure any issues were identified and addressed. The practice held weekly clinical meetings to discuss any issues or problems raised.

The most recent published Quality and Outcomes Framework (QOF) results were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate was 7% compared with the CCG and national averages 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.)

The practice used information about care and treatment to make improvements. We reviewed a sample of audits which included quarterly audits on infection prevention and control, sepsis, antimicrobial prescribing and hormone replacement therapy.

Where appropriate, clinicians took part in local and national improvement initiatives such as the local initiative to identify and review frail patients and the National Association of Primary Care (NAPC) Primary Care Home Scheme.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

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.
- 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 practice held weekly clinical meetings to discuss any issues or concerns.
- The practice ensured the competence of staff employed in advanced roles by audits 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.
- The provider supported the practitioner career development programme. This is a nationwide programme aimed at equipping registered nurses and other allied health professionals with the skills and knowledge to work effectively in primary care settings. At the time of our inspection the practice was supporting a practice nurse with their independent prescribing course and had plans to support them through the advance nurse practitioner course later in the year.

### Coordinating care and treatment

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

- The provider had been working with the National Association of Primary Care (NAPC) and other local services to develop the primary care home visiting service for the locality, focusing on the regions most frail. To support this work the provider had hosted a number of workshops with NAPC, locality GPs and the CCG to discuss the potential of a jointly provided/commissioned visiting service.

- 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 of different patients, including those who may be vulnerable because of their circumstances.

### 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 and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- 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, stop smoking campaigns and tackling obesity.
- The practice hosted a number of services to support people to live healthier lives. For example; a social prescribing advisor and an alcohol worker.

### 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.
- The practice had a standard template for staff to work through when gaining consent for medical treatment, investigation or operation. This captured details of the procedure and the patient (or guardian's) signature to confirm consent.

## Are services effective?

(for example, treatment is effective)

- 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.

# 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 patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- The three patient Care Quality Commission comment cards we received were positive about the care and treatment received. However; one card also contained less positive feedback regarding accessing the Harewood branch surgery by telephone. Another card also contained less positive feedback regarding opening hours. The provider was aware of the issues around the lack of extended hours and was working with the Clinical Commissioning Group (CCG) to provide extended access across the locality.

Results from the annual national GP patient survey (conducted during the period January to March 2017) showed patients felt they were treated with compassion, dignity and respect. Out of the 216 surveys that were sent out 103 were returned. This represented approximately 3% of the practice population. The practice was comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 84% of patients who responded said the GP gave them enough time (CCG average 88% and national average 86%).
- 95% of patients who responded said they had confidence and trust in the last GP they saw (CCG average 96% and national average 95%).

- 86% of patients who responded said the last GP they spoke to was good at treating them with care and concern (CCG average 87% and national average 86%).
- 92% of patients who responded said the nurse was good at listening to them (CCG and national averages 91%).
- 93% of patients who responded said the nurse gave them enough time (CCG and national averages 92%).
- 100% of patients who responded said they had confidence and trust in the last nurse they saw (CCG and national averages 97%).
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern (CCG average 90% and national average 91%).
- 91% of patients who responded said they found the receptionists at the practice helpful (CCG average 89% and national average 87%).

### 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.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- 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 proactively identified patients who were carers and were aware of the need to identify younger patients who acted in the role of carer for the elderly and frail population of the practice. The practice worked with other organisations and local charities to host carers' cafes. All carers were invited to attend the practice for a carers' assessment to identify their needs.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 94 patients as carers (approximately 3% of the practice list).

## Are services caring?

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

Results from the national GP patient survey (conducted during the period January to March 2017) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 86% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 79% of patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average and national averages 82%).
- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments (CCG average 89% and national average 90%).
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 83% and national average 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.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example; online services were available to deal with repeat prescription requests and booking/managing appointments. In addition the practice offered telephone appointments and a telephone triage service.
- The practice provided facilities for an ultrasound service and abdominal aortic aneurysm (AAA) screening to respond to the need of the local population. AAA screening detects any dangerous swelling of the aorta (the main blood vessel that runs from the heart, down through the abdomen).
- The practice improved services where possible in response to unmet needs. For example; at the time of the inspection the practice did not currently offer extended hours. However, the practice was working with the CCG and locality to provide extended access across the community.
- 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; practice nurses and health care assistants offered community outreach to the elderly and housebound patients to provide health promotion, vaccinations and long term conditions management.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered dedicated flu and pneumococcal clinics to increase vaccination uptake rates.

- The practice kept a dementia register to ensure patients received an annual review and to help to identify carers of patients with dementia.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice actively offered health checks to identify people with undiagnosed long-term conditions.
- All clinical staff had access to the 'Leeds Care Record'. Leeds Care Record is a computerised system which enables clinical staff to view real-time health and care information across care providers.

#### Families, children and young people:

- 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.
- The practice offered same day appointments for infants and children.
- The practice had a dedicated safeguarding lead for children.
- The practice hosted a regular midwifery run clinic.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered a telephone triage service and telephone consultations for patients who were unable to attend the practice during normal working hours.
- The practice offered early morning or late afternoon appointments to accommodate patients and were working with the CCG to provide extended access across the locality.

# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice recognised that many of their working age patients may be carers or have some caring responsibility and had a clear strategy for engaging with carers.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system to identify those patients' who required a double appointment and this was flagged on the clinical system. This allowed adequate time to liaise with the patient and their carers.
- The practice had a dedicated safeguarding lead for adults and staff had received training in the Mental Capacity Act and Deprivation of Liberties.

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 practice held a dementia register to ensure patients received an annual review and to help identify carers of patients with dementia.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the annual national GP patient survey (conducted during the period January to March 2017) showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 69% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.

- 63% of patients who responded said they could get through easily to the practice by phone (CCG average 77% and national average 71%).
- 93% 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 (CCG average 86% and national average 84%).
- 93% of patients who responded said their last appointment was convenient (CCG average 83% and national average 81%).
- 78% of patients who responded described their experience of making an appointment as good (CCG average 75% and national average 73%).
- 63% of patients who responded said they don't normally have to wait too long to be seen (CCG average 61% and national average 58%).

### 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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance and contractual arrangement for GP practices.
- All complaints were shared with the provider's governance team, who had an overarching view. Complaints were analysed to identify any emerging trends. Learning was shared both locally and across all the provider's services.
- The practice had received 20 complaints in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example; as a result of complaints regarding delays at the reception desk the practice had installed a self check-in screen for patients to use when arriving for their appointment.



# 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, and all of the population groups, 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.
- There was evidence of local leadership and management at the practice who were committed to providing good quality patient care.
- The local team were supported by the One Medical Group Ltd management and leadership team.
- The provider had developed a 'One Leeds' model which included access to clinical and non-clinical resources from within One Medical Group Ltd.
- There was a good understanding of the issues and priorities relating to the quality of their services. They understood the challenges and were actively taking measures to address them. For example; working with the Clinical Commissioning Group to provide extended access across the locality.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

One Medical Group Ltd 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.
- Progress against delivery of the strategy was monitored both locally and at provider level.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- 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.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- 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. For example; an incident had been reported as a result of a complaint when a patient had been unable to get through to the practice by telephone for an extended period of time. As a result of this the patient received an apology and an explanation that this had occurred due to staffing levels. The incident was escalated to the senior leadership team to ensure future prevention through the monitoring of staffing levels.
- 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. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### 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,

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understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- All clinical, operational and clinical governance arrangements were addressed at the provider's executive board level. This information was also shared with staff at local level.
- Staff were clear on their roles and accountabilities including in respect of safeguarding, infection prevention and control and supporting good governance.
- The provider had established 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 Medicines and Healthcare products Regulatory Agency (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 change practice to improve quality.
- 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 to ensure and improve performance. 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. For example; the practice had received feedback from patients regarding access and as a result of this had reviewed their clinical model to include additional GP sessions.
- 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 safe and effective 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 sustainable services.

- 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. For example; as a result of patient feedback the practice had introduced book in advance appointments; up to two weeks for GPs and four weeks for the practice nurse and health care assistant.
- There was a patient participation group in place and the practice was actively seeking to expand this group.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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 provider had been working with the National Association of Primary Care (NAPC) and other local services to develop the primary care home visiting

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service for the locality, focusing on the regions most frail. To support this work the provider had hosted a number of workshops at Wetherby Surgery. Working with NAPC, locality GPs and the CCG to discuss the potential of a jointly provided/commissioned visiting service.

- 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.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.