

Garforth Medical Practice

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	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	10
Outstanding practice	10

Detailed findings from this inspection

Our inspection team	11
Background to Garforth Medical Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Garforth Medical Practice on 15 December 2015. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

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

- There was an open and transparent approach to safety and an effective system was in place for reporting and recording significant events.
- The provider was aware of and complied with the requirements of the Duty of Candour. (Duty of Candour means health care professionals have a legal duty to be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to, cause harm.)
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- Urgent appointments were available on the same day as requested.
- The practice had good facilities and was well equipped to treat and meet the needs of patients.
- The practice sought patient views how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.
- There was a clear leadership structure and staff were supported by management.
- The ethos of the practice was to provide quality patient centred care.

We saw several areas of outstanding practice:

- All vaccines had labels on which identified the date they had arrived in the practice, for audit purposes. We were informed this was common practice across all three locations and was undertaken by the nursing staff. This also supported stock rotation and prevention of waste.

Summary of findings

- The practice worked with a local further education college to ensure students who registered with the practice were given a 'new starter' pack, which contained information about the practice, contact details, what services were available and relevant health advice.
- The practice took a positive approach to staff development, for example nursing staff were given two

to four hours of development time each week. This time was protected for individual professional learning and development. Staff told us how they appreciated this time and felt valued by the practice.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was a system in place for reporting and recording significant events.
- There was a nominated lead who looked at the reporting mechanisms, safety issues and where improvements could be made in patient safety and experience.
- Lessons were shared to ensure action was taken to improve safety in the practice.
- There was a nominated lead for safeguarding children and adults, who attended local safeguarding meetings. Systems, processes and practices were in place to keep patients and staff safeguarded from abuse. All patients who were known to be at risk were coded on the electronic computer system.
- There were processes in place for safe medicines management, which included emergency medicines. A record was kept of what medicines were carried in individual GP's bags. All vaccines had labels on which identified the date they had arrived in the practice, for audit purposes.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were in line with both local and national figures.
- Monthly meetings were held to coordinate care, review outcomes and performance. QOF was reviewed and patient care templates updated to reflect latest guidance.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. For example, the community matron, local neighbourhood teams and district nurses.

Good



Summary of findings

- Monthly reviews of all hospital discharges were undertaken to look at whether the admission could have been avoided and what could be put in place to support patients in the community.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed patients rated the practice in line with other local and national providers for several aspects of care.
- Patients we spoke with said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We observed a patient-centred culture and that staff treated patients with kindness and respect, whilst maintaining patient confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds South and East Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients we spoke with said they found it easy to make an appointment. Telephone appointments and triage (assessment of need) with a GP were offered.
- All patients who required urgent care were seen on the same day as requested.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff.

Good



Are services well-led?

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

- It 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 this.
- There was a clear leadership structure in place. GPs had practice lead roles for specific areas, for example dispensing, safeguarding, QOF, clinical guidelines and IT.

Good



Summary of findings

- The practice had a number of policies and procedures to govern activity and held regular governance meetings. The practice had recently purchased an electronic record storage system where documents and policies were stored centrally for all staff to access.
- There were comprehensive staff personal files in place, which reflected an organised approach to practice management.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. There were systems in place for being aware of notifiable safety incidents, sharing with staff and actioning accordingly.
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of patient surveys, the NHS Friends and Family Test and the patient participation group. For example, patient access to the practice by telephone.
- The practice took a positive approach to staff development, for example nursing staff being given two to four hours of development time each week. This time was protected for individual professional learning and development.
- Staff told us they felt extremely supported by the GPs and management.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice provided proactive, responsive and personalised care to meet the needs of the older people in its population. Home visits and urgent appointments were available for those patients who needed them.
- The practice worked closely with other health and social care professionals, such as the local neighbourhood team and district nurses, to ensure housebound patients received the care they needed.
- Home visits were provided by the health care assistant for those frail and elderly patients who required blood tests. Follow ups were provided by a nurse or GP.
- Patients who were resident in care homes and had a high risk of an unplanned hospital were visited weekly by the advanced nurse practitioner.
- Patients who were elderly or frail were reviewed by a clinician following a hospital discharge.

Good



People with long term conditions

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

- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. The practice nurses had lead roles in chronic disease management and patients who were at risk of an unplanned hospital admission were identified as a priority.
- The practice delivered care for patients using an approach called The House of Care. It was used with all patients who had diabetes, cardio-vascular disease or chronic obstructive pulmonary disease (a disease of the lungs). This approach enabled patients to have a more active part in determining their own care and support needs in partnership with clinicians. The practice had been an early adopter of this approach.
- Monthly reviews were undertaken of patients who were seen as being at risk. Information and care was shared with members of the multidisciplinary team.
- The practice used the palliative care Gold Standard Framework (a systematic evidence based approach) to provide end of life care for patients.

Good



Summary of findings

- Longer appointments and home visits were available for patients when needed.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Patients and staff told us 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.
- All children who required an urgent appointment were seen on the same day as requested.
- The practice worked with midwives, health visitors and school nurses to support the needs of this population group.
- Childhood immunisation and cervical screening uptake rates were comparable to other practices in the locality.

Good



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 patients 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 offered earlier and late evening appointments on specific days of the week. Telephone appointments and triage were also available.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice worked with a local further education dance college to ensure students who registered with the practice were given a 'new starter' pack, which contained information about the practice, contact details, what services were available and relevant health advice.

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.

Good



Summary of findings

- The practice held risk registers for patients whose circumstances may make them vulnerable, for example persons of no fixed abode or children in need.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people. Information was provided on how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Longer appointments were available for patients as needed.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multidisciplinary teams, such as the local mental health team, in the case management of people in this population group. Patients and/or their carer were given information on how to access various support groups and voluntary organisations.
- 78% of patients who were diagnosed as having dementia had received a face to face review of their condition in the past 12 months; compared to the CCG average of 82% and the national average of 84%.
- There was a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia, with most staff having received training to become a dementia friend.
- Patients known to have memory problems were contacted on the day of their appointment as a reminder.
- The practice hosted a mental health services led memory clinic.
- Risk registers were in place to identify those patients who had poor mental health or dementia.

Good



Summary of findings

What people who use the service say

Results from the NHS England GP patient survey published July 2015, showed the practice was performing in line with local and national averages. There were 256 survey forms distributed and 114 were returned. This was a response rate of 44.5%, which represented 0.86% of the practice population. Garforth Medical Practice's performance was generally in line with other practices located within Leeds South and East Clinical Commissioning Group (CCG) and nationally:

- 81% said they could get through easily to the surgery by phone, compared to the CCG average of 71% and national average of 74%.
- 80% said they usually waited 15 minutes or less after their appointment time, compared to the CCG average of 71% and national average of 65%.
- 63% feel they didn't have to wait too long to be seen, compared to the CCG average of 60% and the national average of 58%
- 88% found the receptionists at the practice helpful, compared to the CCG average of 85% and the national average of 87%
- 72% said they usually get to see or speak with their preferred GP, compared to the CCG average of 56% and the national average of 60%
- 84% said the last appointment they got was convenient, compared to the CCG average of 91% and the national average of 92%

- 81% said they were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 83% and the national average of 85%
- 69% described their experience of making an appointment as good, compared to the CCG average of 71% and national average of 74%.

The practice manager informed us they were utilising the NHS Friends and Family Test, their own patient survey and the patient participation group (PPG) to gather additional information to find ways of improving satisfaction rates.

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received 12 comment cards, all of which were positive, many using the word 'excellent' to describe the service and care they had received.

During the inspection we spoke with six patients, who were also members of the PPG. All said they were happy with the service they received. They also told us the practice engaged with them as to how access to services could be improved, particularly with regard to the telephone system and also patients who did not attend appointments (DNAs).

Outstanding practice

We saw several areas of outstanding practice:

- All vaccines had labels on which identified the date they had arrived in the practice, for audit purposes. We were informed this was common practice across all three locations and was undertaken by the nursing staff. This also supported stock rotation and prevent of waste.
- The practice worked with a local further education college to ensure students who registered with the

practice were given a 'new starter' pack, which contained information about the practice, contact details, what services were available and relevant health advice.

- The practice took a positive approach to staff development, for example nursing staff were given two to four hours of development time each week. This time was protected for individual professional learning and development. Staff told us how they appreciated this time and felt valued by the practice.

Garforth Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector, a GP advisor, a practice manager advisor and a practice nurse advisor.

Background to Garforth Medical Practice

Garforth Medical Practice is situated on Church Lane, Garforth on the eastern outskirts of Leeds and is part of the Leeds South and East CCG. The main surgery is situated in one of the lesser deprived areas of Leeds, being located in modern premises which has parking and disabled access. There are toilet facilities and a low rise reception counter for disabled access. The reception has a hearing loop in situ and the patient call system is visual, although staff will call those patients who have a visual impairment. There is a separate building across a short pathway where the majority of the management and administration team are located.

In addition there are two smaller branch surgeries at Elmwood Lane, Barwick-in-Elmet and Jessamine Cottage, Aberford; both of which have a small dispensary. Patients can access any of the surgeries and staff rotate between them. All policies and procedures are the same across all the sites. All three locations are registered with CQC under one registration and were all visited as part of the inspection.

There are six GP partners (three female, three male) and four salaried GPs (all female). The nursing team consists of one female advanced nurse practitioner (ANP), a trainee

male ANP, a practice nurse manager, seven practice nurses and four health care assistants (all of whom are female). The clinical team is supported by a practice manager, an assistant practice manager and a large team of reception and administrative staff. In addition there are four dispensing staff who work across the two dispensaries.

The practice is an advanced training practice. They are accredited to train qualified doctors to become GPs and to support undergraduate medical students, with clinical practice and theory teaching sessions. They also support the training and mentoring of nursing students and physician associates. The GP trainer was also acting as a mentor for local practices who were going through the process of becoming training practices.

The practice have good working relationships with local health, social and third sector services to support provision of care and support to its patients. (The third sector includes a very diverse range of organisations including voluntary, community, tenants' and residents' groups.)

The practice has a patient list size of 13,197, consisting of 99% white British. There are a higher than national average percentage of patients who are aged 65 and over (22% compared to 17% nationally) and 62% of patients have a long standing health condition (compared to 54% nationally).

The practice opening hours are:

Garforth Medical Practice: 8am to 8pm Monday, 7.15am to 6pm Tuesday and 8am to 6pm Wednesday, Thursday, Friday.

Elmwood Surgery: 8.30am to 5.30pm Monday, 8.30am to 12 midday Tuesday and 8.30am to 5pm Wednesday, Thursday and Friday. They are also open the third Saturday in the month between 8.30am and 11.30am for pre-booked appointments only.

Detailed findings

Jessamine Cottage Surgery: 8.15am to 12.15pm Monday to Friday.

When the practice is closed, out-of-hours services are provided by Local Care Direct, which is accessed via the surgery telephone number or by calling the NHS 111 service.

General Medical Services (GMS) are provided under a contract with NHS England. Garforth Medical Practice is registered to provide the following regulated activities; maternity and midwifery services, surgical procedures, diagnostic and screening procedures and treatment of disease, disorder or injury. They also offer a range of enhanced services such as extended hours, minor surgery, influenza, pneumococcal and childhood immunisations.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Leeds South and East CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2015). We also reviewed policies, procedures and other relevant information the practice provided before and during the inspection.

We carried out an announced inspection at Garforth Medical Practice on the 15 December 2015. During our visit we:

- Spoke with a range of staff, which included two GPs, the practice manager, assistant practice manager, the practice nurse manager and reception/administration staff.
- Spoke with patients who used the service who were also members of the patient participation group.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- We observed communication and interaction between staff and patients, both face to face and on the telephone.
- Looked at templates and information the practice used to deliver patient 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events. There was a nominated lead who looked at the reporting mechanisms, safety issues and where improvements could be made in patient safety and experience.
- We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example,

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice worked with local neighbourhood health and social care teams to support those patients who were identified as having a safeguarding need or were deemed to be at risk. One of the GPs acted in the capacity of safeguarding lead and had been trained to the appropriate level three. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional 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 check (DBS). (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.) It was recorded in the patient's records when a chaperone had been in attendance.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw up to date cleaning schedules in place. A practice nurse was the infection prevention and control (IPC) lead who kept up to date with best practice. There was an IPC protocol in place and staff had received up to date training. The last IPC audit had taken place a few months previously and covered all three locations. We saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements in place for managing medicines, including emergency drugs and vaccinations, to keep patients safe. These included obtaining, prescribing, recording, handling, storage and security. We observed that all vaccines had labels on which identified the date they had arrived in the practice, for audit purposes. We were informed this was common practice across all three locations and was undertaken by the nursing staff. This also supported stock rotation and prevention of waste.
- Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Patient Group Directions, in line with legislation, had been adopted by the practice to allow nurses to administer medicines. The practice also had a system for the production of Patient Specific Directions to enable health care assistants to administer vaccinations.
- We spent time in the dispensaries at both locations observing practice, talking to staff and looking at records. The dispensary was well organised and operated with adequate staffing levels. We were informed all staff were appropriately qualified and competencies were checked. There were arrangements in place for the security of the dispensary. The practice had signed up to the Dispensing Services Quality Scheme which rewards practices for providing high quality services to patients.

Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken, for example proof of identification, qualifications, references and DBS checks. We observed the personnel files to be well organised and comprehensive.

Monitoring risks to patients

Risks to patients were assessed and well managed. There were comprehensive procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure there was enough staff on duty.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. We saw:

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- A training register showed all staff were up to date with fire safety and basic life support training.
- There was emergency equipment available, such as a defibrillator and oxygen, which had pads and masks suitable for both children and adults. Emergency medicines were stored in a secure area which was easily accessible for staff. All the medicines and equipment we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patient needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

There were systems in place to keep all clinical staff up to date. Staff had access to NICE guidelines and used this information to deliver care and treatment that met patients' needs. This was monitored through the use of risk assessments, audits and patient reviews.

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 were 98.4% of the total number of points available, with 8.2% exception reporting. (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.) The latest QOF data showed:

- Performance for diabetes related indicators was 93%, which was higher than the local CCG average of 86% and the national average of 90%.
- Performance of hypertension related indicators was 100%, which was higher than both the local CCG and national average of 98%.
- Performance for mental health related indicators was 100%, which was higher than the local CCG of 92% and the national averages of 90%.
- Performance for dementia related indicators was 100%, which was higher the local CCG average of 90% and the national average of 94%.

Clinical audits demonstrated quality improvement. We looked at one recently completed clinical audit and saw where improvements had been implemented and monitored. For example, with regard to prescribing antibiotics for urinary tract infections, which had showed an improvement in compliance against the local pathway, from 67% to 89%.

The practice participated in applicable local audits, national benchmarking, accreditation and peer review of cancer two week referrals and did not attend (DNA) rates.

Monthly meetings were held to coordinate care, review outcomes and performance. QOF was reviewed and patient care templates updated to reflect latest guidance. Information was shared with practice staff and members of the multidisciplinary team.

Clinical 'pop up' reminders had been incorporated into patient electronic records to alert staff to various issues, for example prompting staff to discuss any memory problems with patients as appropriate. Staff reported they had found these prompts particularly useful when consulting with patients who had mental health issues or dementia.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence we reviewed showed:

- Staff had received mandatory training that included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics.
- Individual training and development needs had been identified through the use of appraisals, meetings and reviews of practice development needs. Staff had access to in house and external training and e-learning. All staff had received an appraisal in the previous 12 months.
- Staff told us they were positively supported by the practice to undertake any training and development. For example, nursing staff were given two to four hours of development time each week.
- All GPs were up to date with their revalidation and appraisals.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to clinical staff in a timely and accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records, investigation and test results. Information such as NHS patient information leaflets were also available.

Are services effective?

(for example, treatment is effective)

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, such as when they were referred or after a hospital discharge. We saw evidence multidisciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

The practice held a range of weekly and monthly meetings between the clinical staff, where they shared information regarding patient care, outcomes and concerns, such as any safeguarding issues.

The practice could evidence how they followed up patients who had attended accident and emergency (A&E), or those who had an unplanned hospital admission. Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission.

Patients who were resident in care homes and also had a high risk of an unplanned hospital admission were visited weekly by the advanced nurse practitioner, who liaised with the community matron and local neighbourhood teams. Annual reviews were also undertaken with all the patients.

All patients who were elderly or frail were reviewed by a clinician following hospital discharge. Home visits were provided by the health care assistant for those frail and elderly patients who required blood tests. Follow up visits were conducted by either a nurse or GP.

Consent to care and treatment

Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005. Patients' consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, the GP or nurse assessed this and, where appropriate, recorded the outcome of the assessment.

When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as Gillick competency. (This is used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.)

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. These included patients:

- who were in the last 12 months of their lives
- at risk of developing a long term condition
- required healthy lifestyle advice, such as dietary, smoking and alcohol cessation
- who acted in the capacity of a carer and may require additional support

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. Cervical screening was offered by the practice and their uptake was 82%, which was in line with the national average of 82%. The practice actively reminded patients who did not attend for their cervical screening test, of the benefits of prevention and early identification and encouraged them to rebook.

The practice carried out immunisations in line with the childhood vaccination programme. Uptake rates were comparable to the national averages. For example, children aged 24 months and under ranged from 92% to 98% and for five year olds they ranged from 97% to 100%.

The practice offered seasonal flu vaccinations for eligible patients. The uptake rate for patients aged 65 and over was 84%, which was higher than the national average of 73%. Uptake for those patients who were in a defined clinical risk group was 52%, which was lower than the national average of 55%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken.

Staff had a good understanding of how to support people with mental health needs and dementia, with most staff having received training to become a dementia friend. Patients known to have memory problems were contacted the day of their appointment as a reminder. The practice hosted a mental health services led memory clinic. Risk registers were in place to identify those patients who had poor mental health or dementia.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that:

- Members of staff were courteous and helpful to patients and treated them with dignity and respect.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations and that we could not hear any conversations that may have been taking place.
- There was a private room should patients in the reception area want to discuss sensitive issues or appeared distressed.

During the inspection we spoke with six patients, of mixed age and gender. All the patients we spoke with told us they were satisfied with the care they received and they were treated with dignity and respect.

Data from the July 2015 national GP patient survey showed respondents' ratings were comparable to the local CCG and national average, with regard to how they were treated. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%
- 83% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%
- 88% said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed respondents' ratings were comparable to the local CCG and national average, with regard to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%

All the patients we spoke with told us they felt listened to and had sufficient time during a consultation to make an informed decision about the choices available to them.

The House of Care model was used with all patients who had diabetes, cardio-vascular disease and chronic obstructive pulmonary disease (a disease of the lungs). This approach enabled patients to have a more active part in determining their own care and support needs in partnership with clinicians. Individualised care plans for these patients were maintained, which included how to manage an exacerbation in symptoms and any anticipatory medication which may be required. Garforth Medical Practice had been one of the first practices to adopt this approach.

Patient and carer support to cope emotionally with care and treatment

We saw there were a number of notices in the patient waiting areas informing patients and carers how to access further support through several groups and organisations. The practice had a carers' register in place. Patients who acted in a capacity of a carer had an alert on their electronic record to notify clinicians.

We were informed that if a patient had experienced a recent bereavement, additional support was offered by the GP as needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example:

- The practice offered extended hours from 6pm to 8pm on Monday and 7.15am to 8am on Tuesday, for patients who could not attend during normal opening hours, for example the working age population.
- There were longer appointments available for people as needed.
- Home visits were available for patients who could not physically access the practice.
- Urgent access appointments were available for children or patients who required one.
- There were disabled facilities and a hearing loop in place.
- Interpreter services were available for patients who did not have English as a first language.
- A member of reception staff had achieved a level three British Sign Language qualification, to support those patients who had a hearing impairment and could sign.

Access to the service

The practice at Garforth was open 8am to 8pm Monday, 7.15am to 6pm Tuesday and 8am to 6pm Wednesday, Thursday, Friday. Elmwood Surgery was open 8.30am to 5.30pm Monday, 8.30am to 12 midday Tuesday and 8.30am to 5pm Wednesday, Thursday and Friday. They are also open the third Saturday in the month between 8.30am and 11.30am for pre-booked appointments only.

Jessamine Cottage Surgery was open 8.15am to 12.15pm Monday to Friday. When the practice was closed, out-of-hours services were provided by Local Care Direct which was accessed via the surgery telephone number or by calling the NHS 111 service.

Appointments could be pre-booked in advance and urgent appointments were available the same day as requested. Online appointments were also available.

Results from the national GP patient survey showed that respondents' satisfaction with how they could access care and treatment was variable compared to CCG and national averages. For example:

- 63% were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 81% said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 74%.
- 69% described their experience of making an appointment as good compared to the CCG average of 71% and national average of 74%.
- 80% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.

We were informed the practice undertook regular audit and monthly reviews of demand and capacity around appointments and we saw evidence to support this. At the time of our inspection the practice was in the process of upgrading the telephone system.

To support management of appointment demands the practice also offered telephone appointments and triage with a GP. The GP would assess whether the patient needed to attend the practice the same day.

The practice participated in the Winter Resilience Service, working together with three other local practices, to provide appointments on Saturdays between 8am and 12 midday. This service was running from November 2015 to March 2016.

The practice worked with a local further education college to ensure students (approximately 55 per year) who registered with the practice were given a 'new starter' pack, which contained information about the practice, contact details, what services were available and relevant health advice. They were also supported to generate an online user account and password to enable a quicker and smoother access to the practice and appointments.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns:

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

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

- There was information available to help patients understand the complaints system. However, there was no poster identifying this in the patient waiting area of one of the locations we visited. The practice were taking action to address this.
- There was a designated responsible person who handled all complaints in the practice.
- All complaints and concerns were discussed at the weekly practice meeting.

- A log was kept for all complaints.

There had been 11 complaints received in the last 12 months. We found they had been satisfactorily handled and dealt with in an open and transparent way. Lessons were learnt and action was taken to improve quality of care as a result. Themes had also been identified, for example issues relating to medicines.

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. There was a mission statement in place which identified the practice values. All the staff we spoke with knew and understood the practice vision and values. There was a robust strategy and supporting business plans in place which were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of good quality care and safety to patients. This outlined the structures and procedures in place and ensured that there was:

- A clear staffing structure and staff were aware of their own roles and responsibilities
- Comprehensive staff personal files in place, which reflected an organised approach to practice management.
- Practice specific policies were implemented and available to all staff centrally via an electronic system.
- A comprehensive understanding of practice performance
- A programme of continuous clinical and internal audit which was used to monitor quality and drive improvements
- Robust arrangements for identifying, recording and managing risks
- Priority in providing high quality care

Leadership and culture

The partners and management team had the experience, capacity and capability to run the practice. We were informed there was an open and honest culture within the practice. The ethos of the practice was to provide quality patient centred care, this was reflected in what staff told us and what we observed on the day.

The provider was aware of and complied with the requirements of the Duty of Candour. (Duty of Candour means health care professionals have a legal duty to be open and honest with patients when something goes

wrong with their treatment or care which causes, or has the potential to cause harm.) There were systems in place for being aware of notifiable safety incidents, sharing with staff and actioning accordingly.

There was a clear leadership structure in place. GPs had practice lead roles for specific areas, for example dispensing, safeguarding, QOF, clinical guidelines and IT. The practice demonstrated a good understanding of their strengths, weaknesses, opportunities and threats.

Staff told us all partners and members of the management team were visible, approachable and took the time to listen. Systems were in place to encourage and support staff to raise concerns and a 'no blame' culture was evident. Regular meetings were held where staff had the opportunity to raise any issues and felt confident in doing so. Staff said they felt respected, valued and appreciated.

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 patients through the patient participation group (PPG), patient surveys, the NHS Friend and Family Test, complaints and compliments received.

There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, publicising details of out of hours services on the visual patient call system and changes to the format of the patient survey questionnaire.

The practice also gathered feedback from staff through meetings, discussion and the appraisal process. Staff told us they felt involved and engaged in the practice to improve service delivery and outcomes for patients.

Continuous improvement

There was a positive approach and investment in the learning and development of staff, for example nursing staff were given two to four hours per week of development time. This was used to focus on individual learning and not used for practice administration duties tasks. Staff told us how they appreciated this time and felt valued by the practice.

The practice was an advanced training practice. They were accredited to train qualified doctors to become GPs and to

Are services well-led?

Good 

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

support undergraduate medical students, with clinical practice and theory teaching sessions. They also supported the training and mentoring of nursing students and physician associates. The GP trainer was also acting as a mentor for local practices who were going through the process of becoming training practices. One of the nurses worked with Leeds University looking at standards of training for nurses. They regularly attended student inductions and participated in tri-annual review of the courses. They also acted as a mentor for nursing students.

The practice team was forward thinking and part of local and national schemes to improve outcomes for patients in the area. For example, they were part of the Leeds University Action to Support Practices Implementing Research Evidence (ASPIRE) programme, which supports practice in continuous quality improvement in the delivery of patient care and sustainability.