

# Westgate Surgery

## Quality Report

Westgate  
Otley  
West Yorkshire  
LS21 3HD  
Tel: 01943 660 533  
Website: [www.onemedicalgroup.co.uk](http://www.onemedicalgroup.co.uk)

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Requires Improvement overall (and for providing safe and well-led services). The practice is rated as Good for providing effective, caring and responsive services. This was the first inspection of the practice under the current provider.**

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

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 – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those retired and students) – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

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

We carried out an announced comprehensive inspection at Westgate Surgery on 7 December 2017. This inspection was carried out as part of our inspection programme and was the first inspection under the new provider.

At this inspection we found:

- All the practice's policies and procedures were embedded and easily accessible to all staff.
- The practice 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.
- Staff involved patients in their care, and treated them with compassion, kindness, dignity and respect.
- Patient feedback indicated lack of satisfaction with the telephone service following the transfer of all calls to a centralised administrative call-handling team. However; the provider had taken steps to address and improve this.

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

# Summary of findings

- Continue to identify and record significant events and incidents and improve the documentation of relevant learning within the system to support this.
- Continue to monitor and review the standard operating procedures implemented to support the central administration call-handling team.
- Continue to engage with staff through one to one meetings, appraisals and induction to provide support and leadership.
- Review and improve the system for acting upon complaints in the event of management absence.
- Review, improve and widen the scope of audits and quality improvement activities.

**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.

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

# Westgate 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 and a GP specialist adviser.

## Background to Westgate Surgery

Westgate 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 practice services, One Medical Group Ltd also deliver a walk in centre service and a primary care co-location service based in two Leeds hospitals. Westgate Surgery is located at Westgate, Otley, LS21 3HD. Otley is a small market town situated approximately 12 miles north west of Leeds City Centre, and approximately 11 miles north east of Bradford City Centre.

At the time of our inspection there were 6,001 patients registered on the practice list. The practice provides Personal Medical Services (PMS) 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 2% of the population being 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 81 years for men and 86 years for women, compared to the national averages of 79 years and 83 years respectively. Twenty 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 five salaried GPs, four female and one male. The clinical team is completed by an advanced nurse practitioner, three practice nurses, one health care assistant and one phlebotomist, all of whom are female. The clinical team is supported by a site business manager and a range of secretarial and administrative staff.

The practice is open between 8am and 6pm Monday to Friday. Appointments are available between 8.30am and 11.30am and 1.30pm to 6pm.

Extended hours are provided between 7am and 8am on Monday and Friday when patients can access GP and nurse appointments.

The practice 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.

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 Requires Improvement for providing safe services.**

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

- We found there had been issues with call handling for some of the practice's registered patients at the centralised administration team. Following a review of significant events we noted that three 'near misses' had been recorded, two of which involved children, as a result of calls being inappropriately managed.
- There were systems in place for reviewing and investigating when things went wrong. However; we saw that learning from significant events was not always documented. The provider submitted a record of significant events to us prior to the inspection. Of the 51 recorded incidents, only 25 had documented learning at that time. The provider supplied us with further evidence of learning following our inspection.
- At the time of our inspection some safety policies had passed their review date. We received confirmation from the provider following our inspection that these had been updated.

### Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were communicated to staff. The practice had systems to safeguard children and vulnerable adults from abuse. There were appropriate policies in place which were accessible to all staff. The policies outlined clearly who to go to for further guidance. However; at the time of our inspection some policies had passed their review date. We received confirmation from the provider following our inspection that these had been updated.
- 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. Staff told us 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.
- There was an induction system for staff tailored to their role. However; some staff members told us they would like to have more role specific training.
- 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.
- Incoming calls from patients were handled by a central administration team located in a GP surgery in Leeds City Centre. We noted that three 'near misses' had been recorded for patients registered with the practice, two of which involved children as a result of calls being inappropriately managed. A near miss is defined as an event not causing harm, but that potentially might have resulted in harm.

### Information to deliver safe care and treatment

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

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

# Are services safe?

- 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.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their 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.

## Lessons learned and improvements made

- 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.
- There were systems in place for reviewing and investigating when things went wrong. However; we saw that learning from significant events was not always documented. The provider submitted a record of significant events to us prior to the inspection. Of the 51 recorded incidents, only 25 had documented learning at that time. The provider supplied us with further evidence of documented learning following our inspection.
- 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 templates were used where appropriate to support decision making and ensure best practice guidance was followed.

#### Older people:

- The practice participated in the clinical commissioning group frailty scheme. This enabled them to identify patients with severe frailty using an electronic frailty index. In addition, the practice worked with neighbouring practices within the local area to employ a dedicated Frail Elderly Service to review and help manage those frail patients within the population.
- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services, and supported by an appropriate care plan.
- The practice provided services for two local care homes which included two weekly regular reviews when a GP would visit the care homes.

- 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:

- The practice offered nurse-led clinics, with GP support as appropriate. The clinics were provided in line with clinical protocols and national guidelines.
- Nursing staff within the practice had been supported to obtain formal qualifications in their areas of expertise. For example; one practice nurse was in the process of completing their diabetes diploma.
- The practice offered an electronic prescription service and dosette boxes for medication. A dosette box is an organiser for medication with separate compartments for days and times of the week when medication is required.
- The practice provided information for patients regarding long term conditions and was able to access other services such as dieticians and community diabetes nurse specialists.
- The One Medical Group lead pharmacist carried out regular audits to ensure medications were prescribed in accordance with current guidance.

#### Families, children and young people:

- There was a designated safeguarding lead for children and the practice held quarterly multidisciplinary team meetings which were attended by the health visitor.
- The practice offered emergency daily appointments, duty doctor telephone appointments and triage.
- 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 offered a contraception service, including implant and coil insertion.

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

- The practice's uptake for cervical screening was 82%, which was in line with the 80% coverage target for the national screening programme.



# Are services effective?

## (for example, treatment is effective)

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice offered telephone appointments and were in the process of introducing video consultations.
- The practice offered appointments outside of working hours.
- Weekend seasonal flu clinics were provided, offering walk in and pre-bookable appointments.

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.
- All staff received mandatory training including safeguarding, PREVENT, equality and diversity and female genital mutilation awareness. The aim of PREVENT training is to reduce the threat of terrorism by stopping people becoming terrorists or supporting terrorism.
- The practice had access to Patient Advisors who were employed by One Medical Group, to provide support for carers.
- The practice engaged in multidisciplinary meetings with other health professionals to discuss patients who were vulnerable or had specific health needs.
- Language line was accessed by staff within the practice to support patients whose first language was not English.
- Alerts were placed on the clinical system to enable staff to identify those patients who were considered vulnerable.

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

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is higher than the CCG average of 87% and national average of 84%.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is the same as the CCG average and comparable to the national average of 91%.
- 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 93%. This was in line with the CCG average of 93% and national average of 91%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 94% which was comparable to the CCG and national average of 95%

- The One Medical Group pharmacist provided support to Westgate Surgery with blood monitoring for patients receiving anti-psychotic drugs. Anti-psychotic drugs are used to treat some types of mental distress or disorder. For example; schizophrenia, anxiety or depression.
- All patients on the mental health register were offered annual reviews. There was a process to follow up those patients who did not respond.
- The practice actively assessed for dementia and carried out reviews for patients who were diagnosed.

### Monitoring care and treatment

The practice had some quality improvement activity in place. This included weekly clinical meetings and daily practice 'huddles' to discuss any issues or problems raised. As a result of negative patient feedback regarding the central administration team with regard to the appropriateness of appointments and call waiting times, the practice had introduced a call query log in order to collate feedback from patients regarding the issues encountered. The practice also carried out regular monthly antibiotic and antimicrobial prescribing audits.

The most recent published Quality Outcome Framework (QOF) results were 100% 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 9% compared with a CCG and national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. For example the practice had recruited a patient advisor in mental health. This gave patients the opportunity to access a

# Are services effective?

## (for example, treatment is effective)

one hour session during which they could receive support to practise counselling skills, discuss various tools to support coping strategies and behaviour changes and receive information on relevant support agencies. We were able to review a case study which outlined improvements which had been made as a result of this.

- Where appropriate, clinicians took part in local and national improvement initiatives such as the local initiative to identify and review frail patients.

### Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop.
- The practice had experienced a high turnover of staff in recent months due to the changes associated with the change in provider. We were able to review induction and training records for a sample of new staff during our inspection. These outlined the training completed by the new staff members which included document management and workflow processes, test result processes and mail handling and distribution.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, coaching and mentoring, clinical supervision and support for revalidation.

### Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs 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, health promotion and social prescribing through the 'Connect Well' service. This service aims to connect people to services and activities in their community.

### Consent to care and treatment

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

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

# 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.
- 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.
- We received seven Care Quality Commission patient comment cards. Three of the comment cards we received were positive about the service experienced.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Data showed that 229 surveys were sent out and 125 were returned. This was a completion rate of 55% and represented approximately 2% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% 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%.
- 92% of patients who responded said the GP gave them enough time; CCG average - 88%; national average - 86%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; CCG average - 96%; national average - 95%.
- 90% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average - 87%; national average - 86%.
- 95% of patients who responded said the nurse was good at listening to them; CCG average - 91%; national average - 91%.
- 97% of patients who responded said the nurse gave them enough time; CCG average - 92%; national average - 92%.

- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average - 97%; national average - 97%.
- 98% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average - 90%; national average - 91%.
- 90% of patients who responded said they found the receptionists at the practice helpful; CCG average - 89%; 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.

The practice proactively identified patients who were carers. The practice had a clinical carers champion to support patients who also acted as a carer. There were carers support leaflets in the practice and staff were aware of organisations to signpost carers to. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 106 patients as carers (2% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- 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 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:

## Are services caring?

- 90% 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%.
- 88% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average - 82%; national average - 82%.
- 96% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average - 89%; national average - 90%.

- 94% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average - 83%; 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 home visits, online services such as repeat prescription requests and advanced booking of appointments were available.
- The facilities and premises were appropriate for the services delivered.
- The practice offered extended hours appointments from 7am to 8am on Monday and Friday when patients could access an appointment with a GP or nurse.
- 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 GP also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice provided services for two local care homes which included two weekly regular reviews when a GP would visit the care homes.

#### 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 was committed to health promotion and had held world diabetes and pre-diabetes events. At the time of the inspection they were in the process of organising disease specific focus events for patients to access.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

#### 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 emergency daily appointments, duty doctor telephone appointments and triage.
- The practice offered a contraception service, including implant and coil insertion.
- The practice hosted a weekly midwifery 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.
- Weekend seasonal flu clinics were provided, offering walk in and pre-bookable appointments.
- The practice offered telephone appointments and were in the process of introducing video consultations.

#### 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 access to Patient Advisors who were employed by One Medical Group, to provide support for carers.
- The practice engaged in multidisciplinary meetings with other health professionals to discuss patients who were vulnerable or had specific health needs.

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

- The One Medical Group pharmacist provided support to Westgate Surgery with blood monitoring for patients receiving anti-psychotic drugs. Anti-psychotic drugs are used to treat some types of mental distress or disorder. For example; schizophrenia, anxiety or depression.
- All patients on the mental health register were offered annual reviews. There was a process to follow up those patients who do not respond.

# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice actively assessed for dementia and carried out reviews for patients who were diagnosed.

### 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.
- Delays and cancellations were minimal and managed appropriately.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable or in many cases higher than local and national averages. This was in line with the results of the NHS Friends and Family Test.

- 87% 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%.
- 96% of patients who responded said they could get through easily to the practice by phone; CCG average – 77%; national average - 71%.
- 96% 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%; national average - 84%.
- 94% of patients who responded said their last appointment was convenient; CCG average - 83%; national average - 81%.
- 90% of patients who responded described their experience of making an appointment as good; CCG average - 75%; national average - 73%.

- 59% of patients who responded said they don't normally have to wait too long to be seen; CCG average - 61%; 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. Twelve complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled. However; one complaint had not been handled in a timely way in line with the complaints policy. This was due to the site business manager being absent from the practice on annual leave and we saw that this had been explained in the response to the complainant.
- 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; the practice had reviewed and improved the centralised telephone system as a result of formal and informal complaints. This included through the implementation of standard operating procedures, call dashboards to monitor the number of patients waiting to be answered and the length of time the longest called has been placed on hold. This allowed the provider to address any capacity issues. In addition, the provider had introduced a telephone triage service and an escalation process to support reception staff.



# Are services well-led?

Requires improvement 

(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 Requires Improvement for providing a well-led service.**

The practice was rated as requires improvement for providing well-led services because:

- Leadership and culture did not always support the delivery of high-quality person-centred care. For example; a manager, who had been recruited to support staff at the practice, was working between two of the providers' services. This potentially left a gap in consistent management and support arrangements for staff locally. We received confirmation following our inspection that the provider had identified a dedicated practice co-ordinator who was based at Westgate Surgery.
- Not all leaders had the necessary experience to lead staff effectively. For example, a recently recruited member of staff had been promoted to a position with increased responsibilities. We were not assured that they had been provided with the appropriate support, training, knowledge and experience required for the role.
- Systems and processes linked to good governance were not always operating effectively. On the day of the inspection some policies had not been reviewed within the required timeframe, the documentation of learning from significant events was not consistent and some of the staff we spoke with told us they did not always feel actively engaged or empowered.

### Leadership capacity and capability

Not all leaders had the necessary experience and capacity to lead staff effectively.

- Westgate Surgery was part of the One Leeds group of practices along with four other practices operated by One Medical Group in the Leeds area. In addition to the four GP practice services, One Medical Group Ltd also deliver a walk in centre service and a primary care co-location service based in two Leeds hospitals. This enabled the provider to have a centralised leadership structure and standardised processes across all sites.
- In addition to a centralised leadership structure, lead clinicians and managerial staff were assigned to individual sites.

- A recently recruited member of staff had been promoted to a position with increased responsibilities. We were not assured that they had been provided with the appropriate support, training, knowledge and experience required for the role.
- The business manager was present for three days each week and was supported by a clinical lead two days a week. The regional business manager was also present on site on a regular basis. However, we saw there had been delays in the response to a complaint due to the absence of a business manager.
- Prior to the inspection we received information from a number of anonymous sources via our share your experience forms accessed via the Care Quality Commission website. Some of the information we received commented on a lack of local management and leadership within the practice. The feedback from some of the staff members on the day of the inspection was mixed. Some of the staff we spoke with told us they did not always feel actively engaged or empowered.
- The practice had undergone several changes since One Medical Group had taken over as a new provider. Overarching corporate leadership was provided, however local leadership was not fully embedded due to a manager being co-located over two sites within the group. Some staff comments aligned with this.
- We were informed that One Medical Group had taken steps to engage with staff. The Chief Executive had undertaken individual one to one meetings with each member of staff.
- We were able to review a staff communications and engagement plan which had been produced to involve staff and this included a programme of daily 'huddles', weekly clinical meetings, full team meetings and continued one to one meetings with staff.
- Leaders were responsible for delivering the practice strategy and addressing risks to it.
- They were aware of issues and priorities relating to the quality and future of services. They understood the challenges and were working to address them.
- The practice had some processes to develop leadership capacity and skills, including planning for the future leadership of the practice. This included a support group for newly qualified GPs within the organisation who were in the first five years of general practice.

### Vision and strategy

# Are services well-led?

Requires improvement 

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

The practice had an up to date statement of purpose which included a clear vision and a 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.
- 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.
- The practice monitored progress against delivery of the strategy.

## Culture

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

- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the practice's vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example; an incident had been recorded in which an appointment letter had been printed out with the wrong patient details on. This had occurred due to the staff member having two patients records open at the same time. As a result of the incident, both patients had been contacted to advise them of the error and the staff member acknowledged that only one patient record should be open at a time. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- We saw that a programme of appraisals were scheduled to take place during 2018. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.

## Governance arrangements

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

- There were structures, processes and systems to support governance from a corporate level. However, due to changes in local leadership these were not always effectively maintained at a local level.
- We saw that learning from significant events was not always documented. The provider submitted a record of significant events to us prior to the inspection. Of the 51 recorded incidents, only 25 had documented learning at that time. The provider supplied us with further evidence of documented learning following our inspection.
- At the time of our inspection some policies had passed their review date. We received confirmation from the provider following our inspection that these had been updated.
- The governance and management of joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The provider held regular clinical governance meetings and all staff had access to documentation and minutes from meetings via the intranet.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

## Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a process in place 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. Practice leaders, in addition to all staff, had sight of MHRA alerts, incidents, and complaints.
- Some audits had been undertaken at a local level, however these related to antibiotic prescribing. The CCG requires practices to submit quarterly prescribing audits, which the practice participated in. The findings from the antibiotic prescribing review 2016/17 demonstrated there had been an improvement in following the local guidelines in terms of drug choice, dose and course length between the first data collection and the second data collection



# Are services well-led?

Requires improvement 

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

- 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.
- The provider used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- There were 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 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 and staff feedback, the provider had worked with the system provider to restructure the telephone system and make this more effective.
- 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. The provider shared learning and information group- wide and were able to identify any themes and trends.
- The provider held regular clinical effectiveness and network meetings for all clinicians to attend.