

The Gables Surgery

Quality Report

231 Swinnow Road
Pudsey
Leeds LS28 9AP
Tel: 01132574730
Website: www.thegablesurgery.co.uk

Date of inspection visit: 31 October 2016
Date of publication: 24/11/2016

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	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to The Gables Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Gables Surgery on 31 October 2016. Overall the practice is rated as good.

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

- There was a system in place for reporting and recording significant events. All the staff we spoke with were aware of the process.
- Current evidence based guidance was accessible by clinical staff. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day. Some patients told us it was more difficult to access a female GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff told us they felt supported by management. We saw that some policies and protocols were not updated in a timely manner. The storage of practice policies was not consistent. Some were available on the practice computer system, whilst others were only available in paper form.
- Newly recruited staff completed a health screening questionnaire. We saw that clinical staff were screened for hepatitis B immunity. Screening for immunity against other diseases such as chicken pox was not carried out.
- The practice sought feedback from staff and patients, which it acted on.

Summary of findings

- The practice had recently moved into new purpose built premises. Staff told us that as a result of the move, and the need for meetings pertaining to new build issues, staff and clinical meetings were convened less frequently.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Establish a clear timetable of regular minuted meetings, including clinical meetings.

- Review and update policies and procedures in a timely way; and standardise the storage systems for these.
- Develop systems to establish staff immunity against measles mumps and rubella and chicken pox (varicella) in line with Public Health England guidelines.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed.
- Newly recruited staff completed a health screening questionnaire. We saw that clinical staff were screened for hepatitis B immunity. Screening for immunity against other diseases such as chicken pox was not carried out
- The practice had a lead GP for safeguarding who provided guidance and support to staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance, and referred to this when treating patients.
- We saw that clinical meetings were held on an 'ad hoc' basis, and were not minuted. However we saw that clinical updates were disseminated to relevant staff by email or 'tasks' within the practice clinical computer system.
- Clinical audits were carried out and demonstrated ongoing monitoring of clinical care standards.
- 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 other health care professionals to assess need, plan care and deliver appropriate treatment for those patients with more complex needs.

Summary of findings

- The practice had support from the CCG pharmacist who monitored prescribing patterns to ensure they were in line with current best practice guidelines.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds West Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice was part of a locality 'hub' which identified key local initiatives to develop, such as supporting people who were identified as clinically obese to improve lifestyle choices.
- The practice appointment system was effective and responsive. Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had recently relocated to modern purpose built premises which were well equipped to treat patients and meet their needs.
- Information about how to complain was available. We saw examples of the practice's response to issues raised, and evidence of dissemination of learning from complaints.

Are services well-led?

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

Good



- The practice provided us with their mission statement ahead of the inspection. This stated that the practice sought to offer a high quality of service to patients and to treat patients with respect and dignity. Staff were clear about the ethos of the practice and their responsibilities in relation to it.

Summary of findings

- There was a leadership structure and staff told us they felt supported by GP partners and management. The practice had a number of policies and procedures to govern activity. We saw that some policies and procedures had not been updated thoroughly. We also saw that there was some inconsistency in storage of policies and procedures. The practice told us they would review their systems in relation to this.
- The practice held regular practice and staff meetings. Staff told us that since the recent move into new premises, the frequency of these meetings had reduced, and were held every two to three months. Information and updates in between meetings was cascaded via email or 'tasks' on the practice clinical information system.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on. The patient participation group (PPG) had been established for over 20 years. We saw that the membership of the PPG was static. The practice told us they were having difficulty recruiting new members to the group.
- All staff had received an appraisal, including a personal development plan in the preceding 12 months. We saw that staff at all levels were encouraged to develop and progress in their roles.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Before visiting the practice we sought feedback from a nursing home whose residents were registered at the practice. They told us relationships had recently improved with the practice. They were overall satisfied with the service provided by doctors, nurses and reception staff at the practice.
- The practice had appointed a clinical care co-ordinator who oversaw the care of patients over 75 years. She made contact following any hospital or out of hours attendance, and updated their care planning needs.
- The practice carried out annual health checks on patients over 75 years. We saw evidence that out of 66 eligible patients, 48 had had their health check carried out within the previous 12 months.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 95% of patients with chronic obstructive pulmonary disorder (COPD) had had a review by a health professional within the last 12 months, which included an assessment of breathlessness, compared to the CCG average of 88% and the national average of 90%. COPD is a term to cover a range of non-reversible lung conditions which impair normal breathing.
- The practice, as part of a locality 'hub' had adopted a case finding exercise to identify those patients at risk of COPD, such as those patients who were smokers. These patients were then able to access smoke stop advice, be referred to a pulmonary rehabilitation service, or receive regular monitoring by practice staff.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- 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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Staff told us that children were always prioritised for appointments. During the inspection we saw that a child who was very unwell was seen promptly and an ambulance was called to transport the child to accident and emergency.
- Staff gave examples of when they had treated children and young people in an age appropriate way.
- 89% of eligible women had a cervical screening test completed in the preceding five years compared to the local and national figures of 79% and 82% respectively.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held regular meetings with health visitors, where children and families with additional needs were discussed, and their records updated. Antenatal and postnatal services were provided in-house by the community midwife.

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 the working age population, those recently retired and students had been acknowledged. The practice was open between 8am and 8pm Monday to Wednesday, and between 8am and 6pm Thursday and Friday. Patients were able to access appointments at a nearby practice on Thursday and Friday between 6pm and 8pm.
- The practice promoted online access. We saw that 728 patients (17% of the practice population) had registered for this service.

Good



Summary of findings

- The practice provided smoking cessation and weight management services in-house. The 'Healthy Living' team visited the practice on a regular basis and were able to offer patients advice on healthy lifestyle choices.
- The practice participated in the 'Pharmacy First' scheme which enabled patients to access treatment for a range of minor illnesses from the pharmacist without the need to consult with a GP.
- Text message reminders were sent following booking of appointments.

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



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with other health care professionals, such as the mental health team when appropriate to manage the care of vulnerable patients.
- The practice was able to provide vulnerable patients with information relating to local support groups and voluntary organisations.
- Staff gave examples which demonstrated their understanding of signs of abuse in vulnerable adults and children. Staff 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.
- The practice had identified 48 people (1% of the practice population) as unpaid carers.

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).

Good



- 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the local and national averages of 87% and 84% respectively.
- 93% of patients with schizophrenia or other psychoses had a recording of their alcohol consumption completed in the last 12 months compared to the local and national averages of 86% and 90% respectively.

Summary of findings

- The practice worked with multi-disciplinary teams when appropriate to effectively manage the care of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice was able to provide patients experiencing poor mental health with information relating to local support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results, published in July 2016 showed the practice was performing in line with local and national averages in most respects. There were 313 survey forms distributed and 102 were returned. This represented 33% of the surveyed population and 2% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the local average of 77% and national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 87% and national average of 85%.
- 84% of patients described the overall experience of the surgery as good compared to the local average of 87% and the national average of 85%.
- However only 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 83% and the national average of 78%.

We explored this lower than average response of patients who would recommend the practice to someone who has moved to the local area. We saw the practice had conducted their own patient surveys, and were monitoring patient responses in relation to this.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 50 comment cards which were mostly all positive about the standard of care received. Comments included 'always get seen when requested' and staff were described as 'caring and helpful'. Some cards commented that access to a female GP was difficult. Two cards alluded to some difficulties with reception staff.

We spoke with eight patients during the inspection, including two members of the PPG. All these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Some comments made by patients referred to difficulty obtaining an appointment with a female GP.

In the most recent results from the Friends and Family Test (FFT) in September 2016, 82% of 22 respondents said they would be likely or extremely likely to recommend the practice to friends and family.

Areas for improvement

Action the service SHOULD take to improve

- Establish a clear timetable of regular minuted meetings, including clinical meetings.
- Review and update policies and procedures in a timely way; and standardise the storage systems for these.
- Develop systems to establish staff immunity against measles mumps and rubella and chicken pox (varicella) in line with Public Health England guidelines.

The Gables 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 GP specialist advisor and an Expert by Experience. Experts by Experience are private individuals who have experience of using GP services. The team was shadowed by a colleague from the Care Quality Commission.

Background to The Gables Surgery

The Gables Surgery is situated in Pudsey, Leeds LS28 9AP. It is housed in a modern, purpose built single storey building. There are currently 4,496 patients on the practice list. The National General Practice Profile shows the ethnicity of the practice as predominantly white British, with 2% mixed ethnicity, 3% Asian and 1% other non-white ethnicities. The practice provides Personal Medical Services (PMS) under a locally agreed contract with NHS England. They offer a range of enhanced services such as extended opening hours, childhood immunisations and minor surgery.

The practice has three GPs, two of whom are male and one female. There are three female practice nurses and one female health care assistant. The clinical team is supported by a practice manager and a range of long serving administrative and reception staff.

The practice catchment area is within the fourth more deprived decile in England. People living in deprived areas tend to have greater need for health services.

The practice age profile is in line with national averages. Average life expectancy for patients at the practice is 78 years for men and 83 years for women, which is in line with the national average of 79 years and 83 years respectively.

The practice is open from 8am to 8pm Monday to Wednesday, and from 8am to 6pm Thursday and Friday. The practice has a reciprocal agreement with a local practice, where patients from their practice can be seen between 6pm and 8pm on Thursday and Friday.

Weekly clinics are held which include coronary heart disease (CHD), diabetes and travel vaccination clinics.

When the practice is closed patients can access out of hours care by calling the NHS 111 service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the 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 the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders such as NHS England and Leeds West Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures

Detailed findings

and other relevant information the practice manager provided both before and during the inspection. We also reviewed the latest data from the Quality and Outcomes Framework (QOF), national patient survey and the NHS Friends and Family Test (FFT). In addition we sought feedback from a local nursing home, where all 15 of their residents were registered at the practice.

We carried out an announced visit on 31 October 2016.

During our visit we:

- Spoke with a range of staff including two GPs, two practice nurses, the practice manager and two members of the administrative team.
- Spoke with eight patients, including two members of the PPG.
- Observed communication and interaction between staff and patients, both face to face and on the telephone.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed three question sheets completed by reception and administrative staff during our visit.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and complete a paper record of the incident. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis and review of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient was given information by a receptionist following their attendance at a hospital outpatient appointment. It was subsequently discovered that the information related to a different patient, as the receptionist had retrieved the incorrect patient record. As a result the affected patients received an apology, and staff training was provided to ensure that patient details were thoroughly checked before giving any information.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs liaised with

the health visitor and provided information for safeguarding meetings when possible. Reports were provided for other agencies when appropriate. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to level two and other staff to level one.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the non-clinical IPC lead in the practice to maintain appropriate standards. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were mainly appropriate (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply and administration of medicines to groups of patients who may not be individually identified before presentation for treatment. The Health Care Assistant (HCA) was trained to administer vaccines and medicines against a patient specific prescription (PSD) or direction

Are services safe?

from a prescriber. PSDs are written instructions, signed by a doctor; dentist or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We identified two out of date vaccines in one of the refrigerators we checked. These were immediately destroyed. The practice nurse told us these were vaccines which were rarely in use. In addition she told us that all vaccines were checked, to ensure they were in date, before being administered. We also noted that some sharps bins had not been signed and dated at the time of construction. Staff told us this would be addressed immediately. We saw that processes for the storage and collection of sharps bins and clinical waste were safe and appropriate.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Newly recruited staff completed a health screening questionnaire. We saw that clinical staff were screened for hepatitis B immunity. Screening for immunity against other diseases such as chicken pox was not carried out. The practice told us they would review their processes in relation to this.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out annual fire drills. The practice told us they would review the frequency of the

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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH), infection control and Legionella. (Legionella is a bacterium which can contaminate water systems in buildings).

- 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 in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the clean utility room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a business continuity plan (BCP) 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 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.

- The practice had systems in place to keep all clinical staff up to date. The lead GP disseminated NICE guidance to relevant staff via email or 'tasks' on the clinical information system. NICE updates were also discussed at staff meetings. Staff gave good examples to demonstrate when treatment had been changed to reflect current clinical guidelines.
- We saw that clinical meetings were 'ad hoc' and these were not minuted. The practice told us they would review their processes in relation to this.
- The practice monitored that these guidelines were followed through clinical audit and random sample checks of patient records.

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 showed the practice had achieved 96% of the total number of points available (CCG average is also 96%) with an 8% exception reporting rate (CCG average is 9%). Exception reporting is the removal of patients from QOF calculations where, for example, the patient is unable to attend a review meeting or where certain medicines cannot be prescribed due to side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the local and national averages. For example 92% of patients on the diabetes register had a foot examination recorded in the preceding 12 months compared to the local and national averages of 88% and 89% respectively.

- Performance for mental health related indicators was similar to local and national averages. For example 93% of patients with schizophrenia or other psychoses had completed a face to face comprehensive care plan within the previous 12 months compared to the local and national averages of 85% and 88% nationally.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice benchmarked against local practices using the 'practice MOT' tool, which compared data such as accident and emergency attendance, referral rates and elective admissions across the practices in Leeds West CCG.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improving the amount of information used when sending referral letters to hospital consultants. This meant that communication between GP and hospital consultant was improved, in order to improve patient care.

Information about patients' outcomes was used to make improvements such as monitoring patients who had undergone minor surgical procedures. This included diagnosis, consent to procedures and reduced infection rates.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice staff team were mostly long standing employees of 10 years or more. We saw that newly appointed staff were provided with an induction programme. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Two of the practice nurses had recently

Are services effective?

(for example, treatment is effective)

completed a minor illness course to enable them to effectively triage and treat patients presenting with minor illness. The third practice nurse was about to begin this course.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during clinical sessions, appraisals, informal clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and locally provided training via protected learning time sessions.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place the community matron, palliative care nurse and health visitor on a quarterly basis. Staff told us patient records were reviewed and updated following these meetings.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance such as Gillick competency. These are used in medical law to decide whether a child is able to consent to his or her own treatment without the need for parental knowledge or consent.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Written consent was obtained for more invasive procedures, such as minor surgery.
- The practice had adopted a 'third party' consent approach where patients were thought to be vulnerable. The patient in question authorised the practice to make contact with a nominated third party, to discuss their care where there were concerns about the patient concerned; for example if they had failed to collect a repeat prescription.
- The process for seeking consent was monitored to ensure it met the practice's responsibilities within legislation, and followed national guidance.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation and alcohol consumption.
- Practice nurses were able to provide smoking cessation in-house.

Are services effective?

(for example, treatment is effective)

- Weight management services were also provided by the practice nurse, with referral to the dietician or healthy living team for more complex cases.
- The healthy living team visited the practice on a regular basis and were able to offer healthy lifestyle advice.
- The practice had established processes to identify those patients at risk of developing diabetes (pre-diabetic patients). All patients with a body mass index over 30 were invited in to have blood tests, weight monitoring and access to advice relating to lifestyle choices.

The practice's uptake for the cervical screening programme was 89%, which was higher than the CCG average of 79% and the national average of 82%. There was a policy to offer both written and telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by their proactive approach to following up on patients who had failed to attend for their screening test; and by ensuring a female sample taker was available. The practice also encouraged its patients to

attend national screening programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 82% to 100%. National averages are 88% for two year olds and 89% for five year olds. The practice carried out annual health checks on patients over 75 years. We saw evidence that out of 66 eligible patients, 48 had had their health check carried out within the previous 12 months

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- We saw that a confidential room was available for patients who wanted to discuss sensitive issues or who appeared distressed.

Almost all of the 50 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was slightly below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

The practice told us they carried out their own patient satisfaction surveys on a regular basis, and were monitoring patient satisfaction throughout the year.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and mostly aligned with these views. One patient described themselves as occasionally feeling "rushed" during consultations.

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. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that although the numbers of patients whose first language was not English was low, telephone interpreter services were available if needed.

Are services caring?

- The practice had good facilities to accommodate patients with mobility difficulties, or those who used a wheelchair.
- The practice leaflet was available in large print for those with visual impairment. Staff told us that letters for patients known to have poor vision were printed in large font.
- A hearing loop was available for those patients with hearing difficulties.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 48 patients as carers (1% of the practice list). Carers were offered an annual seasonal flu vaccination and health care check. Written information was available to direct carers to the various avenues of support available to them, such as 'Carers Leeds' a local voluntary organisation.

Staff told us that when families had experienced bereavement all practice staff were made aware. Additional support or contact from the practice was offered when appropriate. Bereavement support services were also available for patients to access if needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was part of a 'hub' of five local practices. They had agreed key enhanced services to address locality need. These were to improve identification and support of carers, to adopt a proactive approach to identifying and treating patients with chronic obstructive pulmonary disorder, and to provide additional support to patients assessed as clinically obese

- The practice was open between 8am and 8pm Monday to Wednesday, and between 8am and 6pm Thursday and Friday. The practice had a reciprocal agreement with a local practice to allow their patients to be seen there on Thursday and Friday between 6pm and 8pm.
- The practice hosted a specialist dermatology clinic in-house which reduced the need for patients to attend hospital outpatient appointments.
- There were longer appointments available for patients with a learning disability, or other patients with complex needs.
- Home visits were available for housebound or very sick patients.
- Same day appointments were available. Priority was always given to children and other more vulnerable patients.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice was well equipped to accommodate patients with disabilities.
- A hearing loop was available for those patients with hearing difficulties.
- Telephone interpreter services were available for patients whose first language was not English.
- In line with the 'Accessible Standards' mandate, the practice leaflet had been produced in large print for those patients with visual impairments. Letters and other information were available in larger font if required.

Access to the service

The practice was open between 8am and 8pm Monday, Tuesday and Wednesday, and between 8am and 6pm Thursday and Friday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were available each day for people that needed them. As part of their locality 'hub' the practice was planning to offer access to weekend, between 8am and 2pm, towards the end of the year.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 75%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on a poster in patient waiting areas, and in the patient information leaflet.

We looked at eight complaints which the practice had received in the last 12 months and found these they were handled in a satisfactory manner, dealt with in a timely way, with openness and transparency. Lessons were learned from individual concerns and complaints, and also from an analysis of trends. Action was taken as a result to improve the quality of care. For example the practice had identified a number of complaints relating to the access to warfarin prescriptions, and patient uncertainty about the importance of checking blood clotting times before the dosage was amended and updated. As a result the practice had updated their policy on warfarin prescribing; and all GPs had been made aware of the new policy. Warfarin is a

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

medicine which alters the clotting mechanism in the blood.
It is used for patients who may have experienced a stroke,
heart attack or other blood clots. Doses need to be
carefully monitored to ensure safety.

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 mission statement which included to offer a high quality service to patients, and to treat all patients with respect and dignity.

- Staff we spoke with told us they enjoyed working at the practice and felt that they were part of a 'family' GP practice.
- The practice had plans to update their business plan, following their move into their new premises.

Governance arrangements

The practice had a governance framework which supported the delivery of good quality care.

This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. We saw that the organisation of the policies was inconsistent, with some available only in paper form and others available on the practice computer system. We saw that not all policies had been updated in a timely way. The practice told us they would review their processes in relation to this.
- An understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were clear arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held staff and practice meetings on a two to three monthly basis. Staff told us that as a result of the move, and the need for meetings pertaining to new build issues, staff and clinical meetings were convened less frequently.
- Clinical meetings were held on an 'ad hoc' basis. At the time of our inspection these meetings were not minuted. The practice told us they would review their processes in respect to this. Clinical updates were cascaded by the lead GP by means of email or 'tasks' on the internal clinical system.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and made suggestions to the practice to improve patient experience. For example the PPG had proposed that patients should be able to ring for an appointment at 9am or later in the morning, rather than

Are services well-led?

Good 

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

10am. The practice had adopted this approach. The PPG had also proposed that the practice consider means of improving access to female GP appointments. At the time of our inspection this matter had not been resolved. We saw that the PPG had been in existence for over 20 years. The membership of the PPG was static, and the practice was finding it hard to recruit new members to the group.

- The practice gathered feedback from staff through team meetings, appraisals and informal discussion. Staff told us they would feel able to give feedback and discuss any concerns or issues with management.

Continuous improvement

There was a focus on learning and improvement at all levels within the practice. The practice team was part of local pilot schemes to improve outcomes for patients in the area. The practice locality 'hub' had identified local priorities as:

- Improving the identification and support of unpaid carers
- Proactively identifying and appropriately monitoring and supporting patients with COPD
- Providing individualised support packages for those patients identified as being clinically obese, and who wished to improve their lifestyle choices.

The locality 'hub' was planning to begin offering weekend appointments between 8am and 2pm from December 2016.