

Menston and Guiseley Practice

Quality Report

Address

44 Park Road

Leeds

LS20 8AR

Tel: 01943 874151

Website: www.menstonguiseleypractice.co.uk

Date of inspection visit: 1 March 2016

Date of publication: 23/06/2016

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?

Outstanding



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	12
Background to Menston and Guiseley Practice	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 Menston and Guiseley Practice on 1 March 2016. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Patients were positive about access to the service. They said they found it easy to make an appointment, there was continuity of care and urgent appointments were available on the same day as requested.
- Longer appointments were given to those patients requiring interpreter services. A small number of identified patients with complex needs were fast tracked for access to a clinician.
- The practice sought patient views how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.

Summary of findings

- The ethos of the practice was to deliver good patient centred care.

We saw several areas of outstanding practice including:

- A diabetes pre-screening programme was initiated and run by the practice. This had identified additional patients in need of diabetic care and provided a programme of support.
- The practice worked in partnership with patient empowerment project (PEP) initiated by Leeds West Clinical Commissioning Group CCG. This was to provide a link to services in the community which can provide support to the patients for instance with mental health, visually impaired and local based support groups.
- Following the closure of contraception and sexual health (CASH) service locally and feedback from patients, the practice has improved its provision of sexual health services and employed additional trained female clinical staff to manage contraceptive services.

- The practice proactively developed a 'Hub' relationship with three other local practices which allowed greater flexibility and access for patients to book appointments with a GP or a nurse. This gave patients seven day access to both GPs and nurses, reducing admissions to accident and emergency and stresses on the appointments overall at the practice.

However, there were some areas of practice where the provider needs to make improvements.

Importantly the provider should

- Review emergency medicine and equipment audits to ensure that risks are minimised.
- Review the provision of training for HCAs to ensure they are confident, competent and safe when administering vaccine.
- Review infection control monitoring and ensure key staff have training to be effective in that role.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- GP led significant event meetings were held monthly to discuss significant events, responsive action and lessons learned.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- The practice had a strong patient-centred culture and we observed that staff treated patients with kindness, dignity, respect and compassion.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- Specialised services were engaged to aid communication and understanding i.e. sign language interpretations.
- 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 outstanding for providing responsive services.

- It 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. The practice worked with three other local practices to improve service delivery.
- Extended hours were available at the practice Monday to Friday and there was also access to weekend appointments via the 'Hub' arrangements with other local practices. This included access to both GPs and Nurses. The practice could evidence a reduction in A&E attendances over the past 12 months.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Following the closure of CASH service locally and feedback from patients the practice has improved its provision of sexual health services and employed additional trained female staff to manage contraceptive services.
- The practice employed an advanced nurse practitioner (ANP) to work closely with house bound patients and lower unplanned admissions to hospital.

Outstanding



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice were responsive to patient surveys and there was positive collaboration with the practice PPG.
- There was a strong focus on continuous learning and improvement at all levels.

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



- Maintained a non-automated phone system at the request and preference of patients who find automated systems difficult to manage.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided additional support to two local nursing and care homes for those with a high need for medical care.
- The practice worked closely with other health and social care professionals, such as the district nursing and local neighbourhood teams, to ensure housebound patients received the care and support they needed.
- The practice delivered care in line with gold standard end of life care, using regular reviews and multidisciplinary working.

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.
- 86% of newly diagnosed diabetic patients had been referred to a structured education programme in the last 12 months, compared to 88% locally and 90% nationally.
- 80% of patients diagnosed with asthma had received an asthma review in the last 12 months, compared to 75% nationally.
- 92% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received a review in the last 12 months, compared to 90% nationally.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs.
- The named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The advanced nurse practitioner provides additional support to patients with long term conditions who are housebound.

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 A&E attendances.
- The practice worked with midwives, health visitors to support the needs of this population group. For example, ante-natal, post-natal and child health surveillance clinics.
- Immunisation rates ranged from 95-100% for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- A named GP completed the six weekly health reviews on new born babies.
- 84% of women aged 25 to 64 had a cervical screening test recorded in the preceding five years and this was better than the national average of 74%.

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 practice provided online appointment systems with bookings available up to six weeks in advance.
- Online access to order prescriptions.
- Text SMS reminders of appointments were provided for patients.
- Extended hours were available at the practice Monday to Friday and there was also access to weekend appointments via the 'Hub' arrangements with other local practices
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this group. For example, cervical screening, early detection of chronic obstructive pulmonary disease (a disease of the lungs) for patients aged 40 and above who were known to be smokers or ex-smokers.
- Health checks were offered to patients aged between 40 and 75 who had not seen a GP in the last three years.

Good



Summary of findings

- High uptake of screening programmes and non-attenders are sent reminders
- Full provision of sexual health services and employed additional trained female staff to manage contraceptive services.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer and flexible appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise 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 worked in partnership with patient empowerment project (PEP) initiated by Leeds West CCG. This is provided a link to services in the community who can provide support to the patients for instance with national and local based community organisations.
- Staff have training in equality and diversity and also in understanding caring for patients with a learning disability.

Good



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).

- 76% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average at 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups, and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia and signpost patients to support groups and memory clinics.
- 93% of patients who had a severe mental health problem had received an annual review in the past 12 months and had a comprehensive, agreed care plan documented in their record. This was higher than the national average of 88%.
- 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 on July 2015 showed the practice was performing in line with local and national averages. Of 256 surveys distributed (The patient list size was 10,596) there were 127 returns representing a response rate of 49.6%, equating to 1.2% of the practice's list. Of the responses:

95% found it easy to get through to this surgery by phone compared with a CCG national average of 73.3%.

89% found the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.

69% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 60% and a national average of 60%.

93 % were able to get an appointment to see or speak to someone the last time they tried compared with a national average of 85%.

97% said the last appointment they got was convenient compared with a national average of 92%.

77% described their experience of making an appointment as good compared with a national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were mostly positive about the standard of care received.

We spoke with eleven patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

All the patients we spoke with described the staff as helpful and said the care and treatment they received met their needs.

Menston and Guiseley Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC lead inspector and a GP specialist adviser and a Practice Manager SPA.

Background to Menston and Guiseley Practice

Menston and Guiseley Practice is located at Guiseley near Leeds. There is a branch of the practice based in Menston; we did not visit the branch on this occasion. The practice have a higher than national average population of patients aged over 45-85 years.

The practice provides General Medical Services GMS under a contract with NHS England. The practice is also contracted to provide a number of enhanced services, which aim to provide patients with greater access to care and treatment on site. They offer enhanced services in; extended hours, childhood vaccinations and minor surgery. The practice is also a GP training practice, providing support and guidance to trainee GPs.

The practice has gone through a period of change in the last two years with long standing GPs retiring and the practice manager leaving. They have however now successfully recruited three senior GPs to the practice and a new practice manager in 2015.

There are six GPs, three male and three female, (three partners and three salaried) an advanced nurse practitioner, two practice nurses and two health care assistants. These are supported by a practice manager an office manager and an experienced team of reception/administration staff.

The practice at Guiseley is open between 8am and 8pm Monday to Thursday and Friday 7am to 7pm. At the Menston Branch 8:15 am to 6 pm Monday to Friday. Weekend cover is provided via the 'hub' provision based at Yeadon Health Centre at which GPs from the practice (and four other practices,) work together providing appointments at the weekend.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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

Detailed findings

key stakeholders, such as NHS England and NHS Leeds West Clinical Commissioning Group (CCG), to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided before the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF) and national GP patient survey.

We carried out an announced inspection on the 1 March 2016. During our visit we spoke with three GPs, advanced nurse practitioner, practice nurse, the practice manager and four reception/ secretarial staff. We also spoke with eleven patients and representatives from the patient participation group PPG. We reviewed 45 CQC comment cards where patients shared their views and experiences of the practice.

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

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

- Is it well-led?

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

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

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- Significant events and learning points were discussed at weekly clinical and monthly significant events meetings.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, when vaccine safety was compromised the vaccine fridge was repaired, vaccines replaced and additional checking mechanisms introduced.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told. For example patients were informed of compromised vaccinations, an explanation was given and apology. Patients were given an explanation and informed of any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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 attended safeguarding meetings and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed, advising patients a chaperone was available, if required. Only clinical staff acted as chaperones and had a disclosure and barring check (DBS) in place. (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 well maintained, clean and tidy. We saw that there was an infection control audit. We noted however that not all the actions highlighted had been completed. The practice manager explained that this was due to changes in staff and that the management were commencing work on the areas raised.
- We also noted that a member of staff was identified as the infection prevention and control (IPC) lead but had only received basic training in infection control. We discussed with the registered manager that these areas should be actioned promptly to ensure staff and patients safety.
- We checked medicines stored in the treatment rooms and medicine refrigerators. We found that storage was safe and secure, and medicines were within their expiry dates. Medicines were stored at the correct temperature so that they were fit for use. The temperature of the medicines refrigerators were monitored daily. We looked at the emergency equipment and medicines and noted that the auditing of these was limited. We found that checks did not cover all equipment and medicines and were not regularly completed. Comprehensive and regular weekly checks of these systems should be in place.
- 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.
- Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However we noted that sufficient training had not been put in place for the health care

Are services safe?

assistant to administer vaccinations. The practice should review the provision of training for HCA's to ensure they are confident, competent and safe when administering vaccine.

- Recruitment checks were carried out and the three files we reviewed showed that 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 DBS.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had completed their own fire risk assessment in 2015, had a fire procedure in place and fire extinguishers were annually serviced. The practice had already recognised they needed to introduce regular fire drills to ensure all staff were aware of the action to take in the event of a fire and had planned a future drill.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous and legionella.
- Recruitment checks were carried out and the three files we reviewed showed that 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 DBS.

- 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 that 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.
- Staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator and oxygen available in office/reception area. 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.
- Nursing staff were able to give evidence of recent guidelines and how these had been incorporated into protocols and practice in areas relating to asthma, blood pressure monitoring and contraceptive devices.
- The practice monitored that guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.8% of the total number of points available, with 7% clinical exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2014-2015 showed;

- Emergency hospital admissions were low in comparison with national figures with and the local CCG. We noted that they had fallen from 2014 to 2016. Which confirmed that the extended access to appointments had had an effect on admission rates.
- The percentage of patients with hypertension having regular blood pressure tests was higher at 89.2% compared to national averages of 84%.

• Performance for COPD related indicators was above the national average with 92% compared with 89% nationally.

• The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was lower than average at 76% compared to the national average of 84%. The practice was aware of these figures and had put measures in place to improve the care for this group of patients. For example, a GP and a nurse had taken a lead role for ensuring patients with mental health problems were assessed annually.

• Nurse led clinics were held to review patients with long term conditions. Patient attendance for review was monitored closely by the administration team and reminders were provided to ensure attendance.

• Care plans were developed for the patients in the top five percent of those at most risk of unplanned hospital admission and were provided to patients. These care plans were reviewed every three months or following a patients' admission to hospital.

• Monthly multidisciplinary meetings were held to monitor and review these patients' needs. Meetings included health visitor, a district nurse, and a palliative care nurse, as required by the patient's needs.

• All patients in care homes were part of the long term condition service. All patients over the age of 75 years had an annual review.

• The practice participated in applicable local audits, national benchmarking and accreditation. Findings were used by the practice to improve services, for example, antibiotic prescribing was closely monitored.

• Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been two clinical audits completed in the last two years. The GPs acknowledged that the audits had not been completed due to staff shortages and recruitment taking place over the last 18 months. The audits that were in place covered the anti-coagulation and prevention of a secondary stroke. Findings were used by the practice to improve services.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- Staff received training that included: safeguarding, basic life support, equality and diversity and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training via the 'TARGET' sessions held monthly.
- Additional staff had been recruited for instance an advanced nurse practitioner and a health care assistant to provide increased flexibility to appointments and the service provided.

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 test results. We saw that information such as NHS patient information leaflets were available but due to recent refurbishment was not yet displayed in the waiting area. Staff told us that health information was given during consultation where required. The web site provided appropriate links to self-care and health information as required.
- All relevant information was shared with other services in a timely way, for example when people were referred to other services.
- The practice worked with other service providers to meet patients' needs and manage those patients who had complex needs. It received blood test results, X-ray results, letters and discharge summaries from other services, such as hospitals and out-of-hours services, both electronically and by post. All staff we spoke with

understood their roles and responsibilities when processing the information. There were systems in place for these to be reviewed and acted upon where necessary by clinical staff.

- Staff worked together and with other health services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- Staff understood and had completed training in the 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, assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Supporting patients to live healthier lives

- The practice targeted patients at increased risk of diabetes and invited them to have a review at the practice. This successfully identified patients in need of diabetic care and provided programme of support.

Are services effective?

(for example, treatment is effective)

- Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and patients with mental health needs.
- Patients who may be in need of extra support, for instance, carers were also identified by the practice and signposted to advocacy and support groups.
- Patients were signposted to the relevant service, for instance patients with mental health needs or alcohol and drug dependency were referred to local support services.
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 86%, which was above the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- The practice also encouraged its patients to attend national screening programmes for instance screening for bowel cancer. The practice's uptake was 67% of patients screened compared to the CCG average of 58%.
- Flu vaccination rates for the patients with diabetes were 97% which was above the national average of 94%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Disposable 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The majority of patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards and discussions with patients

All of the 45 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 five members of the patient participation group. 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 had good satisfaction scores on consultations with GPs and nurses. For example:

- 86% said the GP was good at listening to them compared national average of 88%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 98% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97% and national average of 97%

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were below national averages. For example:

- 87% said the GP gave them enough time compared to the national average of 87%.
- 85% said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%
- 94% said the nurse gave them enough time compared to national average of 92%.
- 92% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 93%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Information leaflets were available informing patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register for all people who had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement their usual GP visited the bereaved family to offer support.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example providing support to house bound patients, with the provision of nursing and phlebotomy services for patients at the practice.

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

- It 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. The practice worked with three other local practices to improve service delivery.
- Extended hours were available at the practice Monday to Friday and there was also access to weekend appointments via the 'Hub' arrangements with other local practices. This include access to both GPs and Nurses. The practice could evidence a reduction in A&E attendances over the past 12 months. In September 2015 the practice had the second lowest AE attendances in their CCG.
- An 'open surgery' clinic ran from 8:30am -10:15am at both sites alongside scheduled appointments every morning Monday to Friday. Patients could therefore see a GP without appointment and were seen in the order they arrived.
- There were flexible and if required longer appointments available for vulnerable people with mental health needs or a learning disability.
- Home visits were available for older patients and patients with long term conditions.
- Urgent access appointments were available for children and those with serious medical conditions.
- In response to consultation an automated phone system was not introduced as the survey had concluded this was unpopular with elderly patients.
- Appointment reminders via text were in place. Patients can request a telephone consultation with a GP.

- Following the closure of CASH service locally and feedback from patients the practice has improved its provision of sexual health services and employed additional trained female staff to manage contraceptive services.
- The recruitment of an advanced nurse practitioner to visit and support housebound patients.
- Following consultation with staff and patients extended hours was provided.
- The 'Hub' relationship with three other local practices allowed weekend access for patients to see a GP or a nurse

Access to the service

The practice at Guiseley is open between 8am and 8pm Monday to Thursday and Friday 7am to 7pm. At the Menston Branch 8:15am to 6pm Monday to Friday.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. A morning 'open access' appointment system was available daily to deal with urgent and emergency appointments.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 95% of patients said they could get through easily to the surgery by phone compared to 73% nationally.
- 92.7% of patients were able to get an appointment to see or speak to someone the last time they tried compared to national average of 85%.

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 a system in place for handling complaints and concerns. Its 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, for instance



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

information was available on the web site and in the practice leaflet which explained the complaints process. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with

the complaint. These had all been dealt with in line with the practice policy, identifying action taken and any lessons learned. We were informed shared learning from these was discussed with staff at practice meetings

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice had introduced a new telephone system and an online appointment system in response to patient concerns about not being able to access appointments easily.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was available to patients and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures 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
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The duty of candour is a legal duty on health providers to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. The partners encouraged a culture of openness and honesty.

The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents:

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

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

- Partners and heads of departments meetings were held weekly. Clinical and administrative meetings were held monthly. Staff confirmed regular meetings were held with an agenda set prior to the meeting. Staff told us they felt able to raise areas of concerns to them and felt supported and their opinion mattered.
- Monthly meetings were held as part of the 'gold standards' care with other health and social care professionals. Quarterly safeguarding meeting were held with relevant professionals.
- The practice was part of a 'hub' of other practices which had linked together to share resources and skills and extend availability of out of hours appointments to patients.
- The practice had a positive relationship with the CCG and meeting quarterly.
- 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.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

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

- Gathering feedback from staff through individual appraisals and staff meetings and discussions.
- Encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through its own patient survey and by working with the patient participation group (PPG). For example automated doors have been fitted to the ground floor and a larger waiting room area on the first floor. This has been in collaboration with the PPG and in response to patient's surveys.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local scheme to improve outcomes for patients in the area.

For instance:

- Worked in partnership with patient empowerment project PEP initiated by Leeds West CCG. This is provide a link to services in the community who can provide support to the patients for instance with MIND and local based community organisations.
- Merging of resources between three other local GP practices, forming a Hub which aimed towards seven day appointment system.