

# Yeadon Tarn Medical Practice

## Quality Report

Silver Lane Surgery  
1 Suffolk Court  
Silver Lane  
Yeadon  
West Yorkshire  
LS19 7JN  
Tel: 0113 887 9585  
Website: [www.yeadontarn.nhs.uk](http://www.yeadontarn.nhs.uk)

Date of inspection visit: 10 November 2015  
Date of publication: 21/03/2016

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	6
What people who use the service say	9
Areas for improvement	9
Outstanding practice	9

### Detailed findings from this inspection

Our inspection team	10
Background to Yeadon Tarn Medical Practice	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Yeadon Tarn Medical Practice on 10 November 2015. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

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

- There was an open and transparent approach to safety and an effective system was in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.

- 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.
- The practice worked with other local surgeries in providing a hub that provided extended hours services to patients with additional appointments in the evening, weekends and Bank Holidays.
- The practice had good facilities and was well equipped to treat and meet the needs of patients.
- While we were assured that visual checks checks on portable appliances are carried out, the practice had not carried out regular testing of portable equipment a by an electrician.
- 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.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff were supported by management.

# Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw two areas of outstanding practice:

- The practice worked collaboratively with local practices to provide extended hours on evenings, weekends and Bank Holidays.

- The practice had recruited Clinical Care Co-ordinators to provide support to vulnerable patients and liaise with other healthcare professionals.

**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.

- Risks to patients were assessed and well managed.
- There was a system in place for reporting and recording significant events.
- There was a nominated lead for safeguarding children and adults and effective systems, processes and practices were in place to keep patients and staff safeguarded from abuse.
- There were processes in place for safe medicines management, which included emergency medicines.
- The practice was clean and conducted infection control audits. However, we noted some sharps bins, used for the disposal of clinical waste such as needles, were not signed and dated and contained inappropriate waste.

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 compared to both local and national figures.
- 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, which included the community matron, district nurses and the health visiting team, in order to understand and meet the range of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP patient survey showed that patients rated the practice higher than others. Patients we spoke with and comments we received were all positive about the care and service the practice provided. They told us they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We observed a patient-centred culture and that staff treated patients with kindness, dignity, respect and compassion.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds West Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked with other local surgeries in providing a hub that provided extended hours services to patients with additional appointments in the evening, weekends and Bank Holidays.
- National GP patient survey responses and patients we spoke with said they found it easy to make an appointment.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff. Learning from complaints was shared with staff.

Good



## Are services well-led?

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

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were governance arrangements which included monitoring and improving quality, identification of risk, policies and procedures to minimise risk and support care delivery.
- The provider was aware of and complied with the requirements of the Duty of Candour, which refers to the legal duty on hospital, community and mental health trusts 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.
- There were systems in place for being aware of notifiable safety incidents and sharing information with staff to ensure appropriate action was taken
- 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.
- Staff informed us they felt very supported by the GPs and management.

Good



# 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 provided proactive, responsive and personalised care to meet the needs of the older people in its population. Home visits and urgent appointments were available for those patients with enhanced needs.
- The practice had appointed Clinical Care Co-ordinators to liaise with other health care professionals and families to identify the needs of the patient.
- Health checks were offered for all patients over the age of 75 who had not seen a clinician in 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



- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- The practice had appointed Clinical Care Co-ordinators to liaise with other health care professionals and families to support the needs of the patient.
- Patients who required palliative (end of life) care were provided with support and care as needed, in conjunction with other health care professionals.

### Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.

# Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies. All children who required an urgent appointment were seen on the same day as requested.
- The practice worked with midwives, health visitors and school nurses to support the needs of this population group. For example, ante-natal, post-natal and child health surveillance clinics.

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

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of these patients had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice together with other practices in the area offered access to appointments in the evenings, weekends and Bank Holidays.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. For example, cervical screening and annual health checks.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances and regularly worked with multidisciplinary teams in the case management of this population group.
- Information was provided on how to access various local support groups and voluntary organisations.
- Longer appointments were available for patients as needed.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Any patients known to be at risk of abuse were assigned to a specific GP to ensure the practice were fully aware of their circumstances.

**Good**



# Summary of findings

- The practice had appointed Clinical Care Co-ordinators to liaise with other health care professionals and families to support the needs of the patient.

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

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

- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team. Patients and/or their carer were given information on how to access various support groups and voluntary organisations, such as Carers Leeds.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice 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 patients with mental health needs and dementia.

Good





# 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 above average compared to local and national averages. There were 270 survey forms distributed and 116 were returned. This was a response rate of 43% which represented 1.8% of the practice's patient list.

- 76.7% found it easy to get through to this surgery by phone (CCG average 74.8%, national average 73.3%).
- 89.6% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85.8%, national average 85.2%).
- 85.4% described the overall experience of their GP surgery as good (CCG average 74.3%, national average 73.3%).
- 85.8% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 81.9%, national average 77.5%).

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received seven comment cards, all of which were positive about the care they had received; some used the word 'excellent' and described staff as 'amazing'. However two cards also made reference to long waiting times for appointments and prescriptions.

During the inspection we spoke with two patients who were positive about the practice. We also spoke with a member of the patient participation group who informed us how the practice engaged with them. Their views and comments were also positive.

The results of the most recent NHS Friend and Family Test showed that 95% of respondents said they would be would recommend Yeadon Tarn Medical Practice to friends and family if they needed care or treatment.

## Areas for improvement

## Outstanding practice

- The practice worked collaboratively with local practices to provide extended hours on evenings, weekends and Bank Holidays.
- The practice had recruited Clinical Care Co-Ordinators to provide support to vulnerable patients and liaise with other healthcare professionals.

# Yeadon Tarn Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Yeadon Tarn Medical Practice

Yeadon Tarn Medical Practice is located in Yeadon, which is a small town located within the City of Leeds. The practice is part of Leeds West Clinical Commissioning Group.

The practice is located in a two storey purpose built building and is co-located with another GP practice. There is a shared reception and waiting area which is divided into two to assist patients to identify each practice upon arrival.

The practice has good working relationships with local health, social and third sector services to support provision of care for its patients.

The service is provided by four GP partners (two male and two female). The partners are supported by two female salaried GPs, two practice nurse/nurse prescribers, a healthcare assistant and a technician. The clinical staff are supported by an experienced team of administrative and secretarial staff.

The practice is open Monday to Friday from 8am to 6.30pm with a range of appointments available between these hours. The exception to this is Tuesday lunchtimes when the practice is closed for training between 1pm and 1.30pm.

In addition, Yeadon Tarn Medical Practice worked in partnership with three local surgeries to provide an extended access service. This offered patients the option of accessing routine appointments between 6pm and 8pm Monday to Friday and 8am to 4pm on weekends and Bank Holidays.

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

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

## Why we carried out this inspection

We inspected this service as part of our new 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.

# Detailed findings

## How we carried out this inspection

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

We carried out an announced inspection on 10 November 2015. During our visit we:

- Spoke with a range of staff, which included three GP partners, a practice nurse, the practice manager, a secretary, a receptionist and a second year foundation doctor (FY2). An FY2 is a grade of medical practitioner who is undertaking additional training specifically in General Practice. We also spoke with two members of staff employed by the extended hours hub who were involved in running the service.
- Spoke with patients who were all positive about the practice.
- Reviewed comment cards where patients and members of the public shared their views. All comments received were positive about the staff and the service they received. However, two cards also contained negative comments about the length of time to wait for an appointment and prescriptions.

- Observed in the reception area how patients/carers/family members were being treated and communicated with.
- Spoke with a member of the patient participation group, who informed us how well the practice engaged with them.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the 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 complete a significant event form to inform the practice manager of any incidents and this would then be reported onto the electronic system.
- The practice carried out a thorough analysis of the significant events.

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, there had been an instance where an abnormal electrocardiogram (ECG) report had been placed in a GPs post tray for review. An ECG is a test that can be used to check patients' heart rhythm and electrical activity. The patients usual GP was not on call at the time so the patient was not seen until the following week. As a result of this the practice had reviewed and updated their policy and reception staff had been advised to hand any abnormal results to the GP on call.

When there were unintended or unexpected safety incidents, we were informed patients received reasonable support, truthful information, a verbal and written apology and were told about 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 and safeguarded from abuse.

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP acted in the capacity of safeguarding lead and had been trained to the appropriate level three. They attended the locality safeguarding meeting and provided feedback to the practice accordingly. The practice had a secure e-mail to

communicate with Social Services and any incoming communication was acted upon on the same day. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- Patients considered to be at risk of abuse would be assured that they would see their assigned GP whenever they attended the surgery. This ensured continuity of care and where appropriate, other services would have a point of contact for the patient. In situations where the practice considered a patient to be at risk of abuse, any immediate family members registered with the practice would also be assigned to the same GP.
- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. All staff acting as a chaperone were issued with badges identifying them as such. The practice had designed a template on the clinical system which was completed by the GP and chaperone to ensure the use of a chaperone was recorded accurately.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw up to date cleaning schedules in place. A practice nurse was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. We saw evidence that an IPC audit had taken place and action was taken to address any improvements identified as a result. However, we noted that some sharps bins were not signed and dated and contained inappropriate waste. We discussed this with the practice manager during the inspection and were assured that this would be acted upon immediately.
- There were arrangements in place for managing medicines, including emergency drugs and vaccinations, to keep patients safe. These included obtaining, prescribing, recording, handling, storage and

## Are services safe?

security. Prescription pads were securely stored and there were systems in place to monitor their use. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Patient Group Directions, in line with legislation, had been adopted by the practice to allow nurses to administer medicines. The practice also had a system for the production of Patient Specific Directions to enable health care assistants to administer vaccinations.

- We reviewed two personnel files and found appropriate recruitment checks had been undertaken, for example proof of identification, qualifications, references and DBS checks.

### Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. The practice also had other risk assessments in place to monitor safety of the premises such as health and safety and legionella.

We were able to review records to confirm all clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order.

While we were assured that visual checks checks on portable appliances are carried out, the practice had not carried out regular testing of portable equipment a by an electrician.

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- A training record showed all staff were up to date with basic life support training.
- There was emergency equipment available, such as a defibrillator and oxygen, which had pads and masks suitable for both children and adults. Emergency medicines were stored in a secure area which was easily accessible for staff. All the medicines 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 keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits 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 (2014/15) were 98.6% of the total number of points available, with 9.7% 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 showed:

- 90.9% of patients diagnosed with dementia have received a face to face review in the preceding 12 months, compared to the CCG (75.6%) and national (77%) average.
- The percentage of patients with asthma, on the register, who had received an asthma review in the preceding 12 months, was 71.9%, compared to the CCG (70.1%) and national (69.7%).
- The percentage of patients with hypertension having regular blood pressure tests (83.7%) was better than the CCG (81.2%) and national (80.4%)

Following patient feedback, that had commented on how care for patients with more than one condition was coordinated, the practice had introduced a traffic light

system. Patients with more than one long term condition were reviewed and colour coded as to the length of time required for review. As a result of this, all patients are invited to attend a full review once a year, with blood tests being carried out two weeks before to ensure the results are available during the review.

Clinical audits demonstrated quality improvement:

- The practice had undertaken 15 audits in the last two years. Four of these were completed audit cycles.
- There had been 15 clinical audits completed in the last two years. Four of these were completed audit cycles. We reviewed one of these and confirmed improvements had been identified, implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- Staff had received mandatory training that included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics. Staff were also supported to attend role specific training and updates.
- Individual training and development needs had been identified through the use of appraisals, meetings and reviews of practice development needs. Staff had access to in house, external training and e-learning. All staff had received an appraisal in the previous 12 months.
- Staff told us they were supported by the practice to undertake any training and development.

### Coordinating patient care and information sharing

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

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. This



# Are services effective?

## (for example, treatment is effective)

included when patients moved between services, such as when they were referred or after a hospital discharge. We saw evidence multidisciplinary team (MDT) meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

In addition, the practice had a team of Clinical Care Co-ordinators who co-ordinated different services to support older and vulnerable people. This role involved ensuring effective communication between all members of the MDT and working with the family to provide support to the patient. We were informed this role had reduced the number of accident and emergency (A&E) admissions.

The practice had

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 79%, which was better than the CCG average of 76.5% and the national average of 76.7%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 96.2% to 100%.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice utilised the patient information boards, which were located in the reception area, and had monthly themes throughout the year, for example dementia awareness and healthy lifestyle information. Patients reported they found these useful and prompted them to ask questions during their consultation with a clinician.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that:

- Members of staff were courteous and helpful to patients and treated them with dignity and respect.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations and that we could not hear any conversations that may have been taking place.

Data from the July 2015 national GP patient survey showed respondents rated the practice higher than the local CCG and national average to the majority of questions regarding how they were treated. For example:

- 91.3% said the GP was good at listening to them (CCG average 90.1%, national average 88.6%).
- 92.3% said the GP gave them enough time (CCG average 88.8%, national average 86.6%).
- 96.7% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95.2%).
- 89.2% said the last GP they spoke to was good at treating them with care and concern (CCG average 87.8%, national average 85.1%).
- 88.3% said they found the receptionists at the practice helpful (CCG average 88.6%, national average 86.8%).

All of the seven 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. However, two of the comments cards made negative remarks about the waiting times for appointments and prescriptions.

During the inspection we spoke with two patients who were positive about the practice. We also spoke with a member of the patient participation group who informed us how the practice engaged with them. Their views and comments were also positive.

### 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 on the comment cards we received was also positive and aligned with these views.

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 comparable with local and national averages. For example:

- 87.4% said the last GP they saw was good at explaining tests and treatments (CCG average 88.6%, national average 86%).
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 84.1%, national average 81.4%).

Staff told us that interpretation 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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice had a system in place to identify carers. All patients were asked at the time of registration if they were a carer and this was added as an alert on the clinical system. The practice had carers packs which provided carers with information and regular prompts during consultations to access the Leeds Carers service. The practice had provided in-house training for reception staff in order to help them identify, support and signpost carers.

We were informed that if a patient had experienced a recent bereavement, they would be contacted and support offered as needed.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice engaged with the NHS England Area Team and Leeds West Clinical Commissioning Group (CCG) to review the needs of its local population and to secure improvements to services were these were identified.

- The practice worked jointly with four other practices in the locality to offer an extended hours hub from 6pm to 8pm Monday to Friday and 8am to 4pm on weekends and Bank Holidays.
- There were longer appointments available for people with a learning disability.
- Home visits were available for patients who could not physically access the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and a hearing loop in place.
- Interpreter services were available for patients who did not have English as a first language.
- We were informed the patient toilets were to be replaced in 2016 and baby changing facilities were to be installed as a result of patient feedback and the need to renew the toilet facilities.

### Access to the service

The practice is open Monday to Friday from 8am to 6.30pm Monday to Friday with a range of appointments available between these hours. The exception to this was Tuesday lunchtimes when the practice was closed for training between 12pm and 1.30pm.

In addition, Yeadon Tarn Medical Practice worked in partnership with four local surgeries to provide an extended access service. This offered patients the option of accessing routine appointments between 6pm and 8pm Monday to Friday and 8am to 4pm on weekends and Bank Holidays.

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.

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.

- 76.8% of patients were satisfied with the practice's opening hours (CCG average 77.2%, national average 74.9%).
- 76.7% of patients said they could get through easily to the surgery by phone (CCG average 74.8%, national average 73.3%).
- 65.6% of patients said they usually get to see their preferred GP (CCG average 59.5%, national average 60%).

Patients we spoke with on the day of inspection told us they were able to get appointments when they needed them, generally with the GP of their choice.

### Listening and learning from concerns and complaints

The practice had an effective 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 information displayed in the waiting area to help patients understand the complaints system.
- There was a designated responsible person who handled all complaints in the practice.
- All complaints and concerns were discussed at the practice meeting and also raised with staff as appropriate. We were able to review minutes of meetings to confirm this.
- The practice kept a register for all written complaints.

There had been five complaints received in the last 8 months. We found they had been satisfactorily handled and had identified any actions. Lessons were learnt and action was taken to improve quality of care as a result.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. There was a mission statement in place which identified the practice values. All the staff we spoke with knew and understood the practice vision and values. The practice had devised a five year strategy to improve overall performance, patient and staff satisfaction. There were supporting business plans in place which were regularly monitored.

We were informed of the plans to replace the patient toilets and install baby changing facilities this was one area which had been highlighted by patients and the practice had incorporated into the plan. There was a positive ethos amongst the staff and patient reference group about the future development of the practice.

### Governance arrangements

The practice had good governance processes in place which supported the delivery of good quality care and safety to patients. This ensured that there was:

- A clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and available to all staff
- A comprehensive understanding of practice performance
- A programme of continuous clinical and internal audit which was used to monitor quality and drive improvements
- Robust arrangements for identifying, recording and managing risks
- Priority in providing high quality care

### Leadership and culture

The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They 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 provision of safe, high quality and compassionate care was a priority.

The provider was aware of and complied with the requirements of the Duty of Candour. Duty of Candour means health care professionals must be open and honest

with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm. There was a culture of openness and honesty in the practice. There were systems in place for being aware of notifiable safety incidents. We were informed that when there were unexpected or unintended safety incidents, patients affected were given reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place. Staff told us the GPs were visible, approachable and took the time to listen. Systems were in place to encourage and support staff to identify opportunities to improve service delivery and raise concerns. Daily meetings were held where to ensure effective communication and where staff could raise any issues or concerns, staff told us felt confident in doing so and were supported if they did. Staff said they felt respected, valued and appreciated.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients through the patient reference group (PRG), patient surveys, the NHS Friend and Family Test, complaints and compliments received.

The PRG had quarterly face to face meetings. They were engaged with the practice and made recommendations, which were acted upon. For example, the waiting room had been redecorated and broken blinds replaced.

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

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local and national schemes to improve outcomes for patients in the area. For example, this practice was an early adopter of the Leeds West Clinical Commissioning Group (CCG) led opportunity to extend its hours of service, by working with neighbouring practices to offer clinics outside of usual working hours, at weekends, and during Bank Holiday periods. The result

## Are services well-led?

Good 

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

had meant that there is improved access to primary care, reduced demand on accident and emergency and reduced demand and stress on staff at the usual peak times i.e. Monday mornings.