

Arthington Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Arthington Medical Centre on 15 October 2015. Overall the practice is rated as good.

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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- Patients said they found it easy to make an appointment. Urgent appointments were available for the same day as requested, although not necessarily with a GP of their choice.
- The practice sought patient views how improvements could be made to the service, through the use of surveys, the NHS Friends and Family Test and the patient reference group.
- The practice worked closely with other organisations, such as Leeds South and East Clinical Commissioning Group, the Yorkshire Ambulance Service and the local neighbourhood teams, in planning how services were provided to ensure that they met people's needs.
- There was a clear leadership structure and staff felt supported.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw several areas of outstanding practice:

- The practice liaised with the Yorkshire Ambulance Service on a monthly basis regarding their registered patients who regularly called the ambulance service and attended the accident and emergency department. By having regular multidisciplinary

Summary of findings

meetings to discuss these patients, additional personalised support was provided. This had resulted in a significant reduction in the number of avoidable telephone calls made by the practice's patients to the ambulance service and unplanned admissions, which had arisen from those calls.

- The lead GP undertook a weekly ward round at local care homes where they had a number of registered patients. Patients, carers and staff could raise any concerns. Care and support were implemented in a timely manner to avoid any unnecessary hospital admissions.

- The practice sent out a mother and baby pack to all new mums. This pack contained information on childhood immunisation schedules, contact details of the health visitors, details of available services, clinics and groups in the local area. For example, breastfeeding and baby and toddlers' groups.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to ensure action was taken to improve safety in the practice.
- Risks to patients were assessed and well managed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There were processes in place for safe medicines management.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were comparable for the locality
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. For example, the practice liaised with the Yorkshire Ambulance Service on a monthly basis regarding patients who regularly called the ambulance service. By having regular multidisciplinary meetings to discuss these patients, additional personalised support was provided. This had resulted in a significant reduction in the number of avoidable telephone calls to the ambulance service and unplanned admissions which had arisen from those calls.

Are services caring?

The practice is rated as good for providing caring services.

Good



- National GP patient survey data showed that patients rated the practice average or lower than others for several aspects of care. The practice could provide evidence they had addressed the issues which had been raised through the survey.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- A member of staff acted in the capacity of a carers' champion, who provided information and support as needed.
- We saw staff treated patients with kindness, respect and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds South and East Clinical Commissioning Group to secure improvements to services where these were identified. The practice had recently joined a GP federation in the locality. (A Federation is a group of practices and primary care teams working together and sharing responsibilities to improve provision of primary care services to patients. For example, accessing services outside of normal working hours at named practices.)
- Patients said they found it easy to make an appointment. Urgent appointments were available for the same day as requested, although not necessarily with a GP of their choice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an accessible complaints system and evidence showed the practice responded quickly to issues raised. Learning was shared with staff.

Are services well-led?

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

Good



- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. (This is a 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. The practice had systems in place for being aware of notifiable safety incidents.
- 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 surveys, the NHS Friends and Family Test and the patient reference group.

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. It offered home visits and urgent appointments for those patients with enhanced needs.
- The practice worked closely with other health and social care professionals, such as the district nursing team, to ensure housebound patients received the care they needed.
- The lead GP undertook a weekly ward round at local care homes where a number of registered patients were residents. Patients, carers and staff could raise any concerns. Care and support were implemented in a timely manner to avoid any unnecessary hospital admissions.

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. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The House of Care model was used with all patients who had diabetes and chronic obstructive pulmonary disease COPD; which is a disease of the lungs. (The model enabled patients to have a more active part in determining their own care and support needs in partnership with clinicians.)
- The practice employed a pharmacy technician to review all medicine requests and support patients in understanding their treatment regimes.
- The practice was rated higher than the national average for many aspects of care relating to diabetes. For example, 92% of patients had received a foot examination in the preceding 12 months, compared to 88% nationally.
- Screening for COPD was undertaken on all patients aged 35 years and over and who were either a smoker or an ex-smoker. This had resulted in an increase of expected prevalence of COPD.

Summary of findings

- Eligible patients were referred to the Leeds Community Healthcare Better for Me programme. This programme supported patients to achieve better self-management of their long term condition by using a person centred holistic approach.
- A member of staff was nominated as a palliative care champion, who ensured all palliative care patients received the care and support they needed.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Patients told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Childhood immunisation and cervical screening uptake rates were comparable to other practices in the locality.
- The practice sent out a mother and baby pack to all new mums. This pack contained information on childhood immunisation schedules, contact details of the health visitors, details of available services, clinics and groups in the local area. For example, breastfeeding and baby and toddlers' groups.

Good



Working age people (including those recently retired and students)

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

- The needs of these patients had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- Extended hours were available two mornings a week from 7.30am and one evening until 8pm. The practice planned to provide additional winter opening times from November, including appointments on a Saturday.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The House of Care model was used with all patients with a learning disability. This approach enabled those patients to have a more active part in determining their own care and support needs in partnership with clinicians and their carers.
- Longer appointments were available for patients who needed them.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people. Information was provided on how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- Annual health checks and individualised care plans were offered for these patients and data showed 84% had received one in the last twelve months; which was comparable to local practices.
- 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 how to access various support groups and voluntary organisations.
- Clinical staff carried out advance care planning for patients with dementia.
- There was 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.

Summary of findings

- The practice managers were trained as dementia friends. One of whom was also a dementia champion and held information and support sessions for staff, patients and carers.

Summary of findings

What people who use the service say

The national GP patient survey results published July 2015 showed Arthington Medical Centre's performance was below average compared to other practices located within Leeds South and East Clinical Commissioning Group (CCG) and nationally. There were 428 survey forms distributed and 115 were returned. This was a response rate of 26.9%, which represented 1.97% of the practice population.

- 66% said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 74%
- 71% found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%
- 34% said they usually get to see or speak with their preferred GP compared to the CCG average of 56% and the national average of 60%
- 80% said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%
- 87% said the last appointment they got was convenient compared to the CCG average of 91% and the national average of 92%
- 59% described their experience of making an appointment as good compared to the CCG average of 71% and national average of 74%.
- 62% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.
- 46% feel they didn't have to wait too long to be seen compared to the CCG average of 60% and the national average of 58%
- The GPs and practice managers acknowledged the lower than average responses and had looked at ways of improving access to the service. They informed us that due to several GPs leaving over a period of time, they had relied on locums which had affected patients' choice of GP. Although they still used locums they had ensured a consistent use of the same ones in order to support continuity of care. The practice had also discussed the issues with their patient representation group (PRG) and had developed an action plan to address these.
- As part of the inspection process we asked for CQC comment cards to be completed by patients. We received one comment card, which was positive about how they were treated by staff.
- During the inspection we also spoke with seven patients, two of whom were also members of the patient representative group. All the patients we spoke with had been offered appointments which were convenient. They told us they didn't usually wait more than 15 minutes after their appointment time before they were seen by a clinician. They felt they were involved in decisions made about their care and treatment. They also told us they had noticed an improvement in continuity of care since the practice had commenced using the same locum GPs.
- Results from the latest NHS Friend and Family Test showed 96% of respondents would be likely or extremely likely to recommend this practice.

Outstanding practice

We saw several areas of outstanding practice:

- The practice liaised with the Yorkshire Ambulance Service on a monthly basis regarding their registered patients who regularly called the ambulance service and attended the accident and emergency department. By having regular multidisciplinary meetings to discuss these patients, additional personalised support was provided. This had resulted in a significant reduction in the number of avoidable telephone calls made by the practice's patients to the ambulance service, and unplanned admissions which had arisen from those calls.
- The lead GP undertook a weekly ward round at local care homes where they had a number of registered

Summary of findings

patients. Patients, carers and staff could raise any concerns. Care and support were implemented in a timely manner to avoid any unnecessary hospital admissions.

- The practice sent out a mother and baby pack to all new mums. This pack contained information on

childhood immunisation schedules, contact details of the health visitors, details of available services, clinics and groups in the local area. For example, breastfeeding and baby and toddlers' groups.

Arthington Medical Centre

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 advisor, a practice manager advisor and a second CQC inspector.

Background to Arthington Medical Centre

Arthington Medical Centre is located within a purpose built building and has operated from its current site since 1990 and is part of Leeds South and East Clinical Commissioning Group (CCG). The practice is situated in an area of high socio-economic deprivation within Leeds. There is a higher than national average percentage of patients who have a health related problem which affects their daily life (61% compared to 49% nationally) or claim disability allowance (77% compared to 50% nationally). Their registered patients consist of 85% white British and 15% mixed ethnicity.

The practice provides services for 5829 patients under the terms of the locally agreed NHS General Medical Services (GMS) contract. They are registered with the Care Quality Commission (CQC) to provide the following regulated activities: maternity and midwifery services, family planning, surgical procedures, diagnostic and screening procedures and treatment of disease, disorder or injury. They also offer a range of enhanced services such as extended hours, influenza, pneumococcal and childhood immunisations.

There are two female GP partners who are supported by three male locum GPs; who work at the practice on a regular basis. There is one female practice nurse and a

female healthcare assistant in post. The practice has recently recruited a further female practice nurse who was due to commence their employment at the beginning of November. The clinical staff are supported by two practice managers who job share and a team of administration and reception staff. There is also a repeat prescribing clerk who monitors medicines management and repeat prescribing.

Arthington Medical Centre is open between 8am to 8pm on Monday, 7.30am to 6pm on Wednesday and 8am to 6pm Tuesday, Thursday and Friday. Appointments are available:

Monday: 8.30am to 11.30am and 3pm to 7.30pm

Tuesday: 8am to 11.30am and 2.30pm to 6pm

Wednesday: 7.30am to 11.30am and 1pm to 5.30pm

Thursday: 8am to 11.30am and 3pm to 5.30pm

Friday: 8am to 11.30am and 3pm to 5.30pm

Out of hours care is provided by Local Care Direct and is accessed via the surgery telephone number or by calling the NHS 111 service.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting we reviewed a range of information that we hold about Arthington Medical Centre and asked other organisations, such as NHS England and Leeds South and East CCG, to share what they knew about the practice. We reviewed the latest data from the Quality and Outcomes Framework (QOF) and the national GP patient survey (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 at Arthington Medical Centre, 5 Moor Road, Leeds, LS10 2JJ on the 15 October 2015. During our visit we:

- Spoke with a range of staff, which included the two GP partners, a GP locum, the two practice managers and the health care assistant. We also spoke with the practice nurse via telephone.
- Spoke with seven patients who used the service and two members of the patient
- Observed how people were being cared for and talked with carers and/or family members.
- 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 inform the practice manager of any incidents and complete a recording form, which was available on the practice's computer 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 improve safety in the practice. For example, a vaccination error had occurred, the practice had investigated this thoroughly, identified learning and actions that had arose from this incident. All clinical staff had been informed.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies and were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to the required safeguarding level 3.
- 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). These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to

be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the 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. Annual infection prevention and control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- There were arrangements in place for managing medicines, including emergency drugs and vaccinations, to keep patients safe. These included obtaining, prescribing, recording, handling, storage and security. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. One of the GP partners acted in the capacity of medicines management lead for the practice. 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 had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions to enable health care assistants to administer vaccinations.
- We reviewed personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the relevant professional body and the appropriate checks through DBS.

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. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises, such as control of substances hazardous to health and legionella.

Are services safe?

- 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 processes in place to respond to emergencies and major incidents.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training. The practice had equipment to deal with medical emergencies, such as a defibrillator and oxygen, and there were emergency medicines available in the treatment room. There was also a first aid kit and accident book in place.
- 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 had systems in place to ensure all clinical staff had access to up-to-date guidelines from the National Institute for Health and Care Excellence (NICE), Leeds South and East CCG and local disease management pathways. Clinicians carried out assessments and treatments in line with these guidelines and pathways to support delivery of care to meet the needs of patients. For example, the local pathway for patients who have chronic obstructive pulmonary disease (COPD), which is a disease of the lungs. The practice monitored these guidelines were followed, through the use of risk assessments, audits and patient reviews.

The House of Care model (formerly known as Year of Care) was used with all patients who had diabetes, COPD or a learning disability. (The model enabled patients to have a more active part in determining their own care and support needs in partnership with clinicians.)

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a process intended to improve the quality of general practice and reward good practice. Information collected for the QOF and performance against national screening programmes was used to monitor outcomes for patients. Current results were 94.5% of the total number of points available, with 8.5% exception reporting. (Exception reporting allows practices not to be penalised where, for example patients do not attend for review or a medication cannot be prescribed due to a contraindication or side-effect.) Data from 2013/14 showed:

- Performance for diabetes related indicators was 89.3%, which was higher than the local CCG average of 86.4% but slightly lower than the national average of 90.1%
- The percentage of patients with hypertension having regular blood pressure tests was 71.9%, which was lower than the local CCG of 85.8% and the national average of 88.4%
- Performance for mental health related indicators was 94%, which was higher than the local CCG of 92% and the national averages of 90.4%.

- The dementia diagnosis prevalence rate was 95.6%, which was higher than the local CCG of 90.5% and the national average of 93.4%.

The practice regularly reviewed QOF results and were aware of the areas which were lower than the CCG average. They had identified that some patients were not attending for their recommended reviews. The practice had taken steps to actively encourage patients to attend for checks, by contacting patients and also seeing them opportunistically. For example, when they had an appointment to see a clinician, an opportunistic review of their treatment and disease management was also undertaken at the same time.

Clinical audits were carried out and all relevant staff were involved to improve care, treatment and patient outcomes. The practice could evidence quality improvement through completed clinical audits.

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, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics.
- Individual training needs had been identified through the use of appraisals, meetings and reviews of practice development needs. Staff had access to, and made use of, e-learning training modules. 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.
- All GPs were up to date with their revalidation and appraisals.

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

Staff worked with other health and social care services to understand the complexity of patients' needs and to assess and plan ongoing care and treatment. This included patients moving between services, such as when they were referred or after a hospital discharge. We saw evidence that multidisciplinary (MDT) team meetings took place on a regular basis and care plans were routinely reviewed and updated. The practice held a range of weekly and monthly meetings between the clinical staff and other health and social care professionals, where they shared information regarding patient care, outcomes and concerns, for example safeguarding issues.

The practice could evidence how they followed up patients who had attended accident and emergency (A&E), or who had an unplanned hospital admission. The practice liaised with the Yorkshire Ambulance Service (YAS) on a monthly basis regarding their registered patients who regularly called the ambulance service. These patients were discussed at clinical and MDT meetings. Personalised plans were developed to identify how they could be supported and to understand the rationale behind the frequent calls, in order to avoid an unnecessary hospital admission. For example, a patient had contacted YAS 22 times in a 12 month period and had been taken to hospital on most of those occasions. As a result of the MDT meeting, the patient's mental and social support needs had been identified and implemented. This had resulted in a significant reduction in the number of calls made to YAS by that individual.

The lead GP undertook a weekly ward round at local care homes where they had a number of registered patients. Patients, carers and staff could raise any concerns. Care and support were implemented in a timely manner to avoid any unnecessary distress or inappropriate hospital admission.

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. 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.)

Health promotion and prevention

The practice's uptake for the cervical screening programme was 81%, which aligned with the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation uptake rates for the vaccinations offered were higher than the national averages. For example, uptake rates for children aged 24 months and under ranged from 95% to 100% and for five year olds they ranged from 95% to 100%.

The practice sent out a mother and baby pack to all new mums. This pack contained information on childhood immunisation schedules, contact details of the health visitors, what services, clinics and groups are available in the local area. For example, breastfeeding support and baby and toddlers' groups.

The seasonal flu vaccination uptake rate for patients aged 65 and over was 71%. Uptake for those patients who were in a defined clinical risk group was 47%. These were both comparable to the national averages.

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

Screening for COPD was undertaken on all patients aged 35 years and over and who were either a smoker or an ex-smoker. This had resulted in an increase in numbers of expected prevalence of COPD. The identification of these patients enabled the practice to provide early intervention of care, support and treatment. These patients were given personalised care plans which contained details of what to do in an exacerbation of their symptoms.

The practice identified those patients who were in need of additional support. For example, patients who may have been in the last 12 months of their lives, carers, those at risk of developing a long term condition or required healthy

Are services effective?

(for example, treatment is effective)

lifestyle advice such as dietary, smoking and alcohol cessation. These patients were signposted to the relevant service. For example, the local Better for Me programme, which supported patients to improve self-management of their condition.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and those spoken with on the telephone. Curtains were provided in consulting rooms to ensure patients' privacy and dignity were maintained during examinations, investigations and treatments. We noted consulting and treatment room doors were closed during patient consultations and that conversations taking place in these rooms could not be overheard.

On the day of our inspection we spoke with seven patients; two of whom were members of the patient representation group. They all told us they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

- 78% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%
- 77% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%
- 88% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%
- 82% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%
- 65% said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 74%
- 71 % said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%

Care planning and involvement in decisions about care and treatment

- Data from the July 2015 national GP patient survey showed respondents rated the practice below the local CCG and national average to questions about their involvement in planning and making decisions about their care and treatment. For example:
- 73% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%

Comments made by patients we spoke with on the day of our inspection did not align with those of the national GP patient survey data. They informed us they felt listened to and involved in the decisions made about the care they received and the choice of treatment available to them.

We saw templates and care plans the practice used with patients to support management of their condition. The GPs used Choose and Book to support patient choice and involvement in decisions about their care.

Patient and carer support to cope emotionally with care and treatment

The practice had a carers' protocol in place. This ensured there was a register of carers in place and carers were referred/signposted to other services for advice and support. They were also supported in the practice by clinicians and a member of staff who acted in the capacity of a carers' champion. We saw there was a carers board in the patient waiting area which displayed a variety of notices informing patients and carers how to access further support through several groups and organisations.

A member of staff was a nominated care champion, who ensured all palliative care patients received the care and support they needed. We were informed that if a patient had experienced a recent bereavement a card was sent. The GP also called the patient personally and offered further support as required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on Mondays to 8pm and from 7.30am on Wednesdays.
- There were longer appointments available for those patients who were in need of them.
- Home visits were available for patients who could not physically access the practice.
- Urgent access appointments were available for children aged 10 years and under and those patients who required urgent care.
- Disabled facilities, hearing loop and translation services were available.

Access to the service

The practice was open from 8am to 6pm Monday to Friday and had extended hours on Monday and Wednesday. Pre-bookable and urgent same day appointments were available. These could be made in person at the practice, over the telephone or online via the practice website. We saw the next available bookable appointment was for the following morning after the inspection.

Data from the July 2015 national GP patient survey showed that respondents' satisfaction with how they could access care and treatment was variable compared to local and national averages. For example:

- 74% were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 65% said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 74%.

- 59% described their experience of making an appointment as good compared to the CCG average of 71% and national average of 74%.
- 62% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.

The practice had looked at ways of improving access for patients. They informed us they had previously had a telephone triage system but this had proven to not be effective, which may have impacted on patient satisfaction. The practice had, therefore, discontinued the telephone triage and had increased the numbers of face to face appointments available. We were informed they would continue to review the appointment system and make changes as required.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. There was a designated responsible person who handled all complaints in the practice. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The complaints policy outlined the timescale the complaint should be acknowledged by and where to signpost the patient if they were unhappy with the outcome of their complaint.

Information how to make a complaint was available in the waiting room, the practice leaflet and on the practice website.

The practice kept a record of all written and verbal complaints. We saw there had been 13 complaints over the last 12 months. Evidence showed they had all been satisfactorily dealt with and had identified actions, the outcome and any learning. We were informed learning was shared with all staff.

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.

Governance arrangements

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

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

Leadership, openness and transparency

We were informed there was an open and honest culture within the practice. Staff told us all partners and members of the management team were visible, approachable and took the time to listen. There were systems in place to encourage and support staff to raise concerns.

Regular meetings were held where staff had the opportunity to raise any issues, 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 had gathered feedback from patients through the patient representative group, patient surveys, the NHS Friends and Family Test, comments, complaints and compliments received.

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.

Innovation

There was a strong focus on continuous learning and improvement, particularly at the senior clinical level 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: the recent formation of a federation of local practices.