

Rawdon Surgery

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?

Outstanding 

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 15 March 2016. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

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

- The practice was aware of and complied with the requirements of the duty of candour (being open and transparent with people who use the service, in relation to care and treatment provided). The partners encouraged a culture of openness and honesty, which was reflected in their approach to safety.
- All staff were encouraged and supported to record any incidents. There was evidence of good investigation, learning and sharing mechanisms in place.
- There was a clear leadership structure and a stable workforce in place. Staff were aware of their roles and responsibilities and told us the GPs and practice manager were accessible and supportive.

- Risks to patients were assessed and well managed. There were good governance arrangements and appropriate policies in place.
- 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.
- Information regarding the services provided by the practice was available for patients.
- The practice had good facilities and was well equipped to treat and meet the needs of patients.
- There was a complaints policy and clear information available for patients who wished to make a complaint.
- 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 both emergency and routine appointments.
- Longer appointments were given to those patients requiring interpreter services.

Summary of findings

- 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 their patient representative group (PRG).
- The ethos of the practice was to deliver good patient centred care.

We saw an area of outstanding practice:

- Collaboration with the local Aire Valley Medical Group a local 'Hub' of four practices in which Rawdon surgery is the lead practice. This had enabled seven day availability for appointments with both GPs and Nurses for all patients at the practices. It has also initiated a focus on the most vulnerable patients identified by putting in place three care coordinators and dedicated admin staff to ensure these patients are promptly and effectively supported with both their social and health care needs.
- The practice meets weekly with all staff to discuss and analyse incidents and significant events. This is called the 'Huddle meeting' and all staff were encouraged to raise any areas of concern. This ran alongside the sharing of safety events with other local practices via an electronic database. This shared learning, heightened awareness and increased transparency.
- Online systems used by the practice enabled patients to make appointments, order prescriptions,

access their test results and the practice was piloting on- line access to patients records with 10% of patients presently accessing their medical information.

- A screening programme for impaired glucose tolerance (sometimes called pre-diabetes) had been initiated and run by the practice. This had identified additional patients in need of diabetic care and provided a programme of support.
- The practice worked in partnership with the Patient Empowerment Project (PEP) initiated by West Leeds Clinical Commissioning Group (CCG). This was to provide a link to services in the community which can provide support to the patients for instance with mental health, visual impairment problems and put them in touch with local based support groups.

However, there were areas of practice where they should make improvements:

- Ensure systems are in place for testing the on-going safety of electrical equipment and electrical and gas safety in the building.
- Review infection control throughout the building to ensure that audits are updated and action completed.
- Ensure all staff receive an annual appraisal.

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



- Risks to patients were assessed and well managed.
- There was a nominated lead and systems in place for reporting and recording significant events. Lessons were shared to ensure action was taken to improve safety in the practice. All staff were encouraged and supported to record any incidents using the electronic reporting system.
- Systems were in place to keep patients and staff safeguarded from abuse. There was a nominated lead in place for both safeguarding children and adults.
- There were processes in place for safe medicines management.
- Whilst we found that systems were in place for checking that equipment was calibrated we found however that testing of electrical safety and gas safety was omitted.
- The nurse was lead for infection prevention and control. We did note however that the infection control was completed in 2013 with no record of actions or improvements made. We discussed this with the practice manager who told us that work had been completed and a re- audit would now take place.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the need of patients and delivered care in line with current evidence based guidance.
- Good systems were in place to record and share learning from serious events or incidents. These were shared throughout the CCG practices to improve openness and lessons learnt.
- Weekly huddle' meetings were held at the practice with all staff to discuss serious events or incidents. Staff were encouraged to notify information and share with the meeting.
- Monthly clinical meetings were held between the GPs and nursing staff to discuss patient care and complex cases.
- GP partners meetings were held monthly.
- Hub meetings were held monthly with the three other practices in the area.
- Six training/meetings events were held per year for all staff.

Summary of findings

- Monthly meetings were held with other health and social care professionals, such as the community matron, district nurses, health visitors and local neighbourhood teams. This was to discuss patient care and complex cases.
- Clinical audits were undertaken and could demonstrate quality improvement.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to both local and national figures.

Are services caring?

The practice is rated as good for providing caring services.

Good



- The practice had a strong patient-centred culture and we observed that staff treated patients with kindness, dignity, respect and compassion.
- Information for patients about the services available was easy to understand and accessible.
- Data from the National GP patient survey showed that patients rated the practice positively. Patients we spoke with and comments we received were all extremely 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.
- The practice worked in partnership with patient empowerment project (PEP) initiated by West Leeds Clinical Commissioning Group (CCG). This was to provide a link to services in the community which can provide support to the patients for instance with mental health, visually impaired and local based support groups.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

Outstanding



- 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, collaboration with the local Aire Valley Medical Group a local 'Hub' of four practices in which Rawdon surgery is the lead practice. This had enabled seven day opening for all the practices. It has also initiated a focus on the most vulnerable patients identified supported by three care coordinators to ensure these patients are promptly and effectively supported with both social and

Summary of findings

health care needs. This had a direct impact on reducing hospital admissions. The practice could evidence a reduction in A&E attendances over the past 12 months and a reduced stress on Monday morning appointments.

- A screening programme for impaired glucose tolerance (sometimes called pre-diabetes) had been initiated and run by the practice. This had identified additional patients in need of diabetic care and provided a programme of support. The practice had also put in place a peer support group for patients with diabetes.
- The practice worked in partnership with the Patient Empowerment Project (PEP) initiated by West Leeds Clinical Commissioning Group (CCG). Those patients who were at increased risk of isolation and an unplanned hospital admission were referred to patient empowerment project (PEP). This was to provide a link to services in the community which can provide support to the patients. The practice also worked with local community organisation such as the Aire borough voluntary services for elderly and disabled (AVSED).
- Online systems used by the practice enabled patients to make appointments order prescriptions, access their test results and the practice was piloting on- line access to records with 10% of patients presently accessing their medical information. In response to a slow up take in patients using this service the practice had responded by working with their PPG group to promote online services and encourage access to medical records. The PPG met daily with the patients during surgery hours to support and assist patients understand and access their electronic records. The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an onsite physiotherapist service.
- The appointment system was continually reviewed to provide prompt access to patients. The practice had also employed staff to increase flexibility including an advanced nurse practitioner and nurse prescriber to enable greater access for patients.
- National GP patient survey responses and patients we spoke with said they found it easy to make an appointment.
- All urgent care patients were seen on the same day as requested
- 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 and other stakeholders.

Summary of findings

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 delivery of quality care.
- The provider was aware of and complied with the requirements of the duty of candour (being open and transparent with people who use the service, in relation to care and treatment provided). The partners encouraged a culture of openness and honesty.
- There were systems in place for being aware of notifiable safety incidents and ensured this information was shared 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 reference group (PRG). Staff informed us they felt well supported by the GPs and practice management.
- The practice had a positive and productive relationship with the PRG.

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 in need.
- The practice worked closely with other health and social care professionals, such as the care coordinators, district nursing and local neighbourhood teams, to ensure housebound patients received the care and support they needed.
- Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission.
- 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.
- Patients who were identified most at risk of hospital admission were identified as a priority.
- The practice worked with the care coordinators in conjunction with the local hub to reduce admissions to hospital.
- A diabetes pre-screening programme was initiated and run by the practice. This had identified additional patients in need of diabetic care and provided a programme of support.
- The practice delivered care for patients as part of the 'year of care'. This NHS initiative enabled patients to have a more active part in determining their own care and support needs in partnership with clinicians. It was used with all patients who had diabetes, chronic obstructive pulmonary disease (a disease of the lungs) or coronary heart disease.
- Self-care/self-monitoring and remote diabetes monitoring.
- 88% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received a review in the last 12 months, compared to 90% nationally.

Summary of findings

- Longer appointments and home visits were available when 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 and staff 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. All children who required an urgent appointment were seen on the same day as requested.
- The practice worked with midwives and health visitors to support the needs of this population group. For example, ante-natal, post-natal clinics and baby clinics.
- Immunisation uptake rates were high for all standard childhood immunisations, achieving 98% for many vaccinations.
- Sexual health and contraceptive and cervical screening services were provided at the practice.
- 86% of eligible patients had received cervical screening, compared to 83% both locally and nationally.

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.
- Seven day opening, with weekend and evening appointments were provided by the practice via the Aire Valley Medical Group which is a collaboration of services provided by this practice and three other practices in the area.

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, early detection of chronic obstructive pulmonary disease (a disease of the lungs) for patients aged 40 and above who were known to be smokers or ex-smokers.

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 and regularly worked with multidisciplinary teams in the case management of this population group.
- Longer appointments were given to those patients requiring interpreter services.
- The practice had identified a small number of vulnerable patients with complex needs, who were to be fast tracked for appointments and access to a clinician. All staff were aware of these patients.
- 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.
- The practice could evidence the number of children who were on a child protection plan (this is a plan which identifies how health and social care professionals will help to keep a child safe).
- Those patients who had a learning disability were coded, which enabled additional support to be provided as needed.
- Information was provided on how to access various local support groups and voluntary organisations.
- As part of the blood borne virus screening programme, HIV, Hepatitis B and C testing were offered to all new patients aged between 16 and 65. Testing was also offered to those patients who were thought to be 'at risk'.

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



- 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 MIND and Mood Gym a self-help cognitive skills training programme.
- The practice were proactive with the pre-screening in dementia and had a GP lead in this area working with the NHS Year of Care initiative.

Summary of findings

- 91% of patients diagnosed with dementia had received a face to face review of their care in the last 12 months, compared to a national average of 84%
- 92% of patients who had a severe mental health problem had received an annual review in the past 12 months and had a comprehensive, agreed care plan documented in their record. This was comparable to both the local and national average of 88%.
- The practice worked in partnership with patient empowerment project (PEP) initiated by West Leeds Clinical Commissioning Group CCG. This was to provide a link to services in the community which can provide support to the patients for instance with mental health and local based support groups.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey distributed 239 survey forms of which 116 were returned. This was a response rate of 49% which represented 1.49 % of the practice's patient list. The results published in January 2016 showed the practice was performing above average compared to local CCG and national averages. For example:

- 94% of respondents described their overall experience of the practice as fairly or very good (local CCG 87%, nationally 85%)
- 88% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local CCG 83%, nationally 78%)
- 86% of respondents described their experience of making an appointment as good (local CCG 75%, nationally 73%)
- 96% of respondents said they found the receptionists at the practice helpful (local CCG 89%, nationally 87%)
- 98% of respondents said they had confidence and trust in the last GP they saw or spoke to (local CCG 97%, nationally 95%)

- 99% of respondents said they had confidence and trust in the last nurse they saw or spoke to (local CCG 98%, nationally 97%)

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received eight comment cards, all of which were positive, many using the word 'excellent' to describe the service and care they had received and citing staff as being friendly and caring.

During the inspection we spoke with seven patients of mixed age and gender, all of whom were positive about the practice. We also spoke with members of the patient representative group who told us how the practice engaged with them. Their views and comments were also positive and they felt that the practice were compassionate, caring and well led.

The results of the most recent NHS Friend and Family Test (January 2016) showed that 88% of respondents said they would recommend Rawdon Surgery to friends and family if they needed care or treatment.

Rawdon Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Rawdon Surgery

Rawdon Surgery is based in the West of Leeds and is part of the Leeds West Clinical Commissioning Group (CCG). The building consists of consulting rooms, large waiting area, disabled toilets and baby changing and breast feeding facilities. There is a patient room which has a weighing and blood pressure machine so patients can check their progress as part of their on-going health. There is easy access into and throughout the building with double automatic doors at the entrance of the building; to facilitate easier access for wheelchair users. There is a small car park on site and additional parking on nearby streets.

The practice is located in one of the least deprived areas of Leeds. It has a patient list size of 7773 with a higher than national average of patients who are aged between 35 to 50 years.

The practice is open Monday to Friday 8am to 6:30pm, extended hours are then provided at the Aire Valley Medical Group based at Yeadon with evening appointments from 6-8pm Monday to Friday and weekends 8-4pm.

There are four female GPs and two male GPs, an advanced nurse practitioner (male) and three practice nurses (female), health care assistant and phlebotomist. The practice is also staffed by the practice manager and a team of administration and reception staff.

The practice is also a GP training practice, providing support and guidance to trainee GPs.

Personal Medical Services (PMS) are provided under a contract with NHS England. The practice is registered 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 influenza, pneumococcal and childhood immunisations.

Why we carried out this inspection

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

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

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 NHS Leeds West CCG, 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 (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 15 March 2016. During our visit we:

- Spoke with a range of staff, which included GPs, advanced nurse practitioner, care coordinator (Hub) practice nurses, health care assistant, phlebotomist, the practice manager, and five administrative staff.
- Spoke with patients who were all extremely positive about the practice and the care they received.
- 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.
- Observed in the reception area how patients/carers/family members were treated.
- Spoke with members of the patient representative 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 inform the practice manager of any incidents and there was a recording form available on the practice computer system.
- The practice met weekly with all staff to discuss and analyse incidents and significant events. This was called the 'Huddle meeting' and all staff were encouraged to raise any areas of concern. This ran alongside the sharing of safety events with other local practices via an electronic database. This shared learning heightened overall awareness and increased transparency.
- There was an open and transparent approach to safety. All staff were encouraged and supported to record any incidents using the electronic reporting system. There was evidence of good investigation, learning and sharing mechanisms in place.

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, where medication prescribing errors had been made.

When there were unintended or unexpected safety incidents, we were informed patients received reasonable support, truthful information, and a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice told us it had a strong 'no blame' culture that encouraged staff to be open and transparent with colleagues and patients when things go wrong.

The practice was also aware of their wider duty to report incidents to external bodies such as NHS Leeds West CCG and NHS England.

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 whom 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.

- We were told the GP safeguarding lead worked closely with health visitors. Staff had received training relevant to their role and could demonstrate their understanding of safeguarding. The practice could evidence the number of children who were on a child protection plan (this is a plan which identifies how health and social care professionals will help to keep a child safe).
- 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. The infection prevention and control (IPC) lead had completed the audit but it was unclear what action was had been taken to address any improvements identified as a result. We discussed this with the practice manager who told us that work had been completed and a re-audit would now take place.

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. 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.

- Support was provided by a CCG pharmacist to ensure appropriate and effective prescribing was taking place, review medicines in line with the most recent safety updates and audit antibiotic prescribing.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. In addition there was a computer recall system in place to remind patients when their smear test was due.

Are services safe?

- We reviewed five personnel files and found recruitment checks had been undertaken in line with the practice recruitment policy.

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 a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.

We saw all clinical equipment was regularly calibrated to ensure the equipment was in good working order. However we found that testing systems to check electrical and gas safety were not in place. The practice manager confirmed that a boiler had been serviced recently but other areas had not been reviewed.

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.
- All staff were up to date with fire and basic life support training.
- There was emergency equipment available, which included a defibrillator. Emergency medicines were stored in a secure area which was easily accessible for staff. All the medicines and equipment we checked were in date and fit for use.
- The practice had an effective accident/incident recording and reporting system in place.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was available on the practice intranet and in hard copy.

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. Updates were also discussed at team meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- A GP and nurse attended bi-monthly CCG meetings with other practices, to look at the joint needs assessment of the local area.

Management, monitoring and improving outcomes for people

The practice worked closely with local care homes. There was a named GP who attended on a weekly basis to provide care and support to patients as needed.

Each GP led in different areas of the Quality and Outcomes Framework (QOF) for the practice (QOF is a system intended to improve the quality of general practice and reward good practice). Information collected for QOF was used to monitor outcomes for patients. We saw minutes from meetings which could evidence QOF was discussed within the practice and any areas for action were identified.

The most recent published results (2014/15) were 98% of the total number of points available, with 6.9% 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). Data showed:

- 77% of patients with diabetes had an HbA1C (blood sugar test) result which was within normal parameters, compared to 77% nationally. (HbA1c is a blood test which can help to measure diabetes management.)

- 90% of patients with diabetes had received a foot examination and a risk classification for potential problems, compared to 88% locally and nationally.
- 82% of patients with hypertension had a blood pressure reading which was within normal parameters, compared to 84% nationally.
- 91% of patients with dementia had received a face to face review of their care, compared to 84% nationally.

Clinical audits demonstrated quality improvement.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research
- There had been three clinical audits completed in the last two years, all of which were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example an osteoporosis audit had resulted in ensuring the right treatment was in place for each patient.

Effective staffing

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

- Staff told us they had received mandatory training that included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The staff also confirmed they had completed a structured induction programme. We saw evidence of this in the staff recruitment files. Staff were also supported to attend role specific training and updates, for example long term conditions management.
- Staff felt well supported and able to talk to any of the management team if they had any concerns. However we noted some staff had not had appraisals for over two years. We discussed this with the practice manager who told us that they were aware of the lapse in appraisals and felt this had been due to staff changes and shortages in the last 18 months.
- All GPs were up to date with their revalidation and appraisals.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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

All patients who attended accident and emergency (A&E) and had an unplanned hospital admission were reviewed and coded on the electronic records, to alert other clinicians should a follow up be required. Care plans were in place for those patients who were considered to have a high risk of an unplanned 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 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 those 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

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 75. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken. In addition, health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. The uptake rate for cervical screening was 86%, compared to 83% both locally and nationally. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice carried out immunisations in line with the childhood vaccination programme. Uptake rates were comparable to the national averages. For example, children aged 24 months and under ranged from 95%-98% and for five year olds they ranged from 90% to 98%.

The practice provided a comprehensive sexual health service, which included coil and implant fittings undertaken by a female GP.

Patients who were concerned regarding memory loss or any dementia-like symptoms were encouraged to make an appointment with a clinician. A recognised dementia identification tool was used with the patient's consent to assess any areas of concern. The practice had good links with the local memory service and referred patients as needed.

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.
- There was a private room should patients in the reception area want to discuss sensitive issues or appeared distressed.
- 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.
- Chaperones were available for those patients who requested one and it was recorded in the patient's record.

Data from the January 2016 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:

- 90% of respondents said the last GP they saw or spoke to was good at listening to them (local CCG 90%, nationally 89%)
- 95% of respondents said the last nurse they saw or spoke to was good at listening to them (local CCG 92%, nationally 91%)
- 90% of respondents said the last GP they saw or spoke to was good at giving them enough time (local CCG 88%, nationally 87%).

- 96% of respondents said the last nurse they saw or spoke to was good at giving them enough time (local CCG 94%, nationally 91%)
- 90% of respondents said the last GP they spoke to was good at treating them with care and concern (local CCG 88%, nationally 85%).
- 86% of respondents said the last GP they saw was good at involving them in decisions about their care (local CCG 84%, nationally 82%)
- 92% of respondents said the last nurse they saw was good at involving them in decisions about their care (local CCG 87%, nationally 85%)
- 87% of respondents said the last GP they saw was good at explaining tests and treatments (local CCG 88%, nationally 86%).
- 94% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (local CCG 91%, nationally 90%)

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

Patient and carer support to cope emotionally with care and treatment

There was a carers' register in place and those patients had an alert on their electronic record to notify staff. Carers were offered additional support as needed and signposted to local carers' support groups. We saw there were notices in the patient waiting area, informing patients how to access a number of support groups and organisations.

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 South and East Clinical Commissioning Group (CCG) to review the needs of its local population and to secure improvements to services where these were identified.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds West Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice worked with three other local practices to improve service delivery.
- Extended hours were available at the practice Monday to Friday and there was also access to weekend appointments via the 'Hub' arrangements with other local practices. This included access to both GPs and Nurses. The practice could evidence a reduction in A&E attendances over the past 12 months. In September 2015 the practice had the third lowest A&E attendances in their CCG.
- Home visits were available for patients who could not physically access the practice.
- Urgent access appointments were available for children and patients who were in need.
- There were disabled facilities and a hearing loop in place.
- Longer appointments were given to those patients requiring interpreter services.
- The practice had identified a small number of vulnerable patients with complex needs, who were to be fast tracked for appointments and access to a clinician. All staff were aware of these patients.
- A screening programme for impaired glucose tolerance (sometimes called pre-diabetes) had been initiated and run by the practice. This had identified additional patients in need of diabetic care and provided a programme of support. The practice had also put in place a peer support group for patients with diabetes.
- The practice worked in partnership with the Patient Empowerment Project (PEP) initiated by West Leeds Clinical Commissioning Group (CCG). Those patients who were at increased risk of isolation and an unplanned hospital admission were referred to patient

empowerment project (PEP). This was to provide a link to services in the community which can provide support to the patients. The practice also worked with local community organisation such as the Aire borough voluntary services for elderly and disabled (AVSED).

- Online systems used by the practice enabled patients to make appointments order prescriptions, access their test results and the practice was piloting on-line access to records with 10% of patients presently accessing their medical information. In response to a slow up take in patients using this service the practice had responded by engaging with their PPG group to promote online services and encourage access to medical records. The PPG met daily with the patients during surgery hours to support and assist patients understand and access their electronic records.
- There was a practice newsletter produced for patients by the PRG, which provided patients with up to date information about services the practice provided. Patients were also linked to the PRG meeting minutes via the newsletter.

Access to the service

The practice is open Monday to Friday 8am to 6pm, extended hours are then provided at the Aire Valley Medical Group based at Yeadon with evening appointments from 6-8pm Monday to Friday and weekends 8-4pm.

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.

GP appointments were available 8.30am to 11am and 14.00-17.50. Telephone consultations and home visits were also available.

Appointments could be booked up to three months in advance, same day appointments were available for people that needed them. We were informed the practice manager monitored the waiting times for routine appointments and looked at demand and capacity on a regular basis.

Results from the national GP patient survey showed that satisfaction rates regarding how respondents could access care and treatment from the practice were higher than local CCG and national averages. For example:



Are services responsive to people's needs?

(for example, to feedback?)

- 82% of respondents were satisfied with the practice opening hours (local CCG 79%, nationally 75%).
- 91% of respondents said they could get through easily to the surgery by phone (local CCG 77%, nationally 73%).
- 93% of respondents were able to get an appointment to see or speak to someone the last time they tried (local CCG 87%, nationally 85%)

Patients we spoke with on the day of inspection told us they were generally able to get appointments when they needed them; many of them had received an appointment for the same day as requested. Many told us they didn't specifically ask for a GP but were happy with the care they received from all clinicians.

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.
- The practice kept a register for all written complaints.

There had been ten complaints received in the last 12 months. We found they had been satisfactorily handled and had identified appropriate 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 statement of purpose in place which identified the practice values.

There was a strong patient centred ethos amongst the practice staff and a desire to provide high quality care. This was reflected in their passion and enthusiasm when speaking to them about the practice, patients and delivery of care.

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. Not all hard copies were in date as they had been in the process of putting all policies online, via an 'Intradoc' which is part of an electronic system which means that staff can access easily.
- 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.
- Business continuity and comprehensive succession planning was in place, for example training staff up to cover other roles.

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 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 and practice manager 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.

Regular meetings were held where staff had the opportunity to raise any issues, felt confident in doing so and were supported if they did. There was a stable workforce and staff said they felt respected, valued and appreciated.

The GPs promoted learning and development within the practice. Many staff told us about training they had undertaken and how they were supported to develop in their roles.

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 representative group (PRG), patient surveys, the NHS Friends and Family Test, complaints and compliments received.

The PRG had six weekly face to face meetings and had developed an action plan which each member was allocated responsibility to deliver. There was a positive collaborative relationship with the practice, the group were engaged with the practice and made recommendations, which were acted upon. For example, development and design of the practice patient survey questionnaire, review of access to appointments and redevelopment of the waiting area. The PRG visited the practice regularly to engage directly with patients to encourage online access for patients. There was a practice newsletter produced for patients by the PRG, which provided patients with up to date information about services the practice provided.

The practice also gathered feedback through meetings and discussions with staff. Staff had access to weekly meetings

Are services well-led?

Good 

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

to discuss safety concerns and via monthly practice meetings and bi monthly target meetings. However we noted that not all these meetings were minuted and this meant that staff who could not attend may miss important information. We discussed this with the practice manager who told us that they would review this. We spoke with staff who confirmed 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 collaboration with the local Aire Valley Medical Group a local 'Hub' of four practices in which Rawdon surgery is the lead practice. This had enabled seven day opening for all the practices. It has also initiated a focus on the most vulnerable patients identified supported by three care coordinators to ensure these patients are promptly and effectively supported with both social and health care needs.