

# Grange Medicare Ltd: Swillington Health Practice

## 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 Swillington Health Practice on 3 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. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)
- There was an open and transparent approach to safety and an effective system in place for reporting, recording and taking remedial action in relation to significant events.
- 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.
- The practice was involved in the House of Care Initiative. This initiative was aimed at encouraging patients with long term conditions to understand their condition and select their own personal health and lifestyle targets.
- The practice had good facilities and was well equipped to treat and meet the needs of patients. There was information on services the practice provided.
- There was a complaints policy and clear information available for patients who wished to make a complaint.
- Patients said they were treated with kindness, dignity, respect and compassion and were involved in decisions about their treatment and care.
- The practice sought patient views how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and the patient forum; particularly in relation to improving access.

# Summary of findings

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

- Ensure all GPs are up to date with level three safeguarding training, in line with intercollegiate guidelines for safeguarding children and young people.

- Ensure mentorship and support is provided for all GPs, especially for those who are recently qualified or recruited.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events.
- There was a nominated lead who looked at the reporting mechanisms, safety issues and where improvements could be made in patient safety and experience. Lessons were shared to ensure action was taken to improve safety in the practice.
- There was a nominated lead for safeguarding children and adults. Systems, processes and practices were in place to keep patients and staff safeguarded from abuse. However, not all of the GPs were up to date with level three safeguarding, in line with intercollegiate guidelines for safeguarding children and young people. The practice has since taken measures to rectify this.
- There were processes in place for safe medicines management, which included emergency medicines.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to both local and national figures.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams, such as the community matron, district nursing and health visiting teams to understand and meet the range and complexity of patients' needs.
- The practice worked closely with local pharmacy teams to ensure optimal medicines management, this included receiving support with medicine reviews, audits and prescribing guidance.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the National GP patient survey showed that patients rated the practice comparable to other local practices. Patients told us they were involved in decisions about their treatment and care.
- We observed a patient-centred culture where staff treated patients with kindness, dignity, respect and compassion. Patient comments aligned with this. Both clinicians and patients gave us several examples where compassionate care had been provided.
- We saw there was patient information regarding what services were available to patients. This could be accessed in the practice or on their website.
- There was a designated carers' lead to ensure patients who were carers were recorded on the register and encouraged them to access additional support as needed.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds South and East Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, Saturday openings.
- National GP patient survey responses in relation to access were below average compared to other local practices. However, we saw evidence where the practice had taken measures to improve access for patients and look at how access and overall patient satisfaction rates could be improved.
- All urgent care patients were seen on the same day as requested and longer appointments were available as needed.
- The practice had appropriate facilities and was equipped to treat patients and meet their needs. There was an ultrasound machine based at New Cross Surgery, allowing patients quicker and easier access, rather than attending secondary care.
- Tissue viability was provided by an experienced and appropriately trained nurse, who could undertake complex leg ulcer dressings on patients who attended the practice.
- 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.

Good



## Are services well-led?

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

Good



# Summary of findings

- There was a mission statement which identified the practice values, which were to deliver high quality care and effective treatment to enable them to meet the needs of their patients.
- There were robust strategy and business plans in place which were regularly monitored.
- Within the practice, there was no clear GP lead as all were either salaried or locums, although some GPs had lead for specific areas, such as QOF, safeguarding, palliative care. However, there was a leadership structure within the provider framework of Grange Medicare Ltd which supported the practice in the development and delivery of services.
- We were informed by some GPs that they did not always feel supported and would benefit from a mentorship programme. This was reflected to the practice, who have since had a GP meeting to discuss how support and mentorship can be incorporated into their daily work, whilst maintaining patient access levels and delivery of care. We have since seen evidence of actions which have been taken.
- 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 GPs and management were aware of and complied with the requirements of the duty of candour and 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 forum.

# 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 person centred care to meet the needs of the older people in its population. Home visits and urgent appointments were available for those patients who were in need.
- 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.
- 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.
- A care coordinator was employed to support patients who had complex needs and were at a high risk of an unplanned hospital admission. Care plans were in place and regularly reviewed for these patients.
- One of the practice nurses was a specialist diabetic nurse who had been trained to initiate insulin for newly diagnosed patients, this reduced the need for patients to attend secondary care.
- The practice were involved in the House of Care Initiative. This initiative was aimed at encouraging patients with long term conditions to understand their condition and select their own personal health and lifestyle targets.
- 100% of newly diagnosed diabetic patients had been referred to a structured education programme in the last 12 months, compared to 87% locally and 90% nationally.
- 83% of patients diagnosed with asthma had received an asthma review in the the last 12 months, compared to 75% locally and nationally.

# Summary of findings

- 94% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received a review in the last 12 months, compared to 88% locally and 90% nationally.

## 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 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 young children and babies who required an urgent appointment were seen on the same day as requested.
- The practice worked with midwives, health visitors and school nurses to support the needs of this population group. For example, the provision of ante-natal, post-natal and child health surveillance clinics.
- Childhood immunisation uptake rates were comparable to other local practices.
- Cervical screening, chlamydia screening, sexual health and contraceptive services were provided at the practice.
- 84% of eligible patients had received cervical screening, compared to 75% locally and 74% 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.
- Saturday morning clinics were available, in addition to online services and telephone consultations.
- The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group. For example, early detection of cardio-vascular disease for patients aged 40 and above, and health checks for patients between the ages of 40 and 75 who had not seen a GP in the last three years.

Good





# Summary of findings

- New patients checks were offered.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances and an alert placed on their electronic record to raise awareness of potential increased need.
- Longer appointments were available for patients as needed.
- Clinicians regularly worked with multidisciplinary teams in the case management of this population group.
- There was information available for patients on how to access various local 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.

Good



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

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

- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team. Patients and/or their carer were given information on how to access various support groups and voluntary organisations, such as Carers Leeds.
- The practice worked closely with a local independent hospital for patients who had complex mental health needs, to provide care and treatment as needed.
- The practice held a register of patients who had poor mental health and an alert was on their electronic record to quickly identify to clinicians where any additional support may be needed.
- 85% of patients diagnosed with dementia had received a face to face review of their care in the last 12 months, which was comparable to the local and national averages.
- 90% 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%.

Good



## Summary of findings

- 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 265 survey forms of which 108 were returned. This was a response rate of 41% which represented 6% of the practice patient list. The results published in January 2016 showed the practice performance was variable compared to local CCG and national averages. For example:

- 71% of respondents described their overall experience of the practice as fairly or very good (local CCG 82%, nationally 85%)
- 54% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local CCG 75%, nationally 78%)
- 62% of respondents described their experience of making an appointment as good (local CCG 70%, nationally 73%)
- 79% of respondents said they found the receptionists at the practice helpful (local CCG 85%, nationally 87%)
- 95% of respondents said they had confidence and trust in the last GP they saw or spoke to (local CCG 94%, nationally 95%)
- 99% of respondents said they had confidence and trust in the last nurse they saw or spoke to (local CCG 96%, nationally 97%)

As part of the inspection process we asked for Care Quality Commission (CQC) comment cards to be completed by patients. We received 43 comment cards, which were positive about staff, citing them as being polite, respectful, caring and the service they received as being good. However, a few comments related to difficulty with telephone access and seeing the same GP for continuity of care.

The practice informed us of the actions they had taken to improve access and patient satisfaction rates. We saw evidence of a comprehensive action plan to address the issues. We were informed that due to the loss of some salaried GPs they had heavily relied on GP locums which had impacted on patient continuity and satisfaction. They had since recruited some new salaried GPs which supported continuity of care for patients. We were also told of the plans to install a new telephone system to improve access to the practice.

During the inspection we spoke with four patients who were positive about the practice. We also spoke with members of the patient forum who informed us how they engaged with the practice.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure all GPs are up to date with level three safeguarding training, in line with intercollegiate guidelines for safeguarding children and young people.
- Ensure mentorship and support is provided for all GPs, especially for those who are recently qualified or recruited.

# Grange Medicare Ltd: Swillington Health Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Grange Medicare Ltd: Swillington Health Practice

Swillington Health Practice is part of Grange Medicare Ltd, along with two other practices New Cross Surgery and Middleton Park Surgery, all of which are part of Leeds South and East Clinical Commissioning Group. The practice is located in a small purpose built health centre, which was opened in September 2004, in the village of Swillington. It is single storey with four consulting rooms. There is onsite car parking. The practice identified to us some of the difficulties and constraints around the premises, particularly regarding disabled access. The practice have previously submitted several bids to obtain new premises, however these have been unsuccessful. A recent application for funding to make improvements to the premises had been accepted and work was recently carried out, which included a new heating system and improvements to the outside of the building.

The practice has a patient list size of 1,584 with a higher than national average of patients who are aged 65 years

and over. There is a higher than average number of patients who have a long standing health condition, 66% compared to 56% locally and 54% nationally. However, they have a lower than average number of unemployed, 2% compared to 8% locally and 5% nationally.

The practice has good working relationships with local health, social and third sector services to support provision of care for its patients. (The third sector includes a very diverse range of organisations including voluntary, community, tenants' and residents' groups.)

The practice is open Monday to Friday 8am to 6.30pm. Saturday clinics from 8.30am to 1pm are rotated between Swillington Health Practice and two other locations nearby, New Cross Surgery and Middleton Park Surgery, who are also part of Grange Medicare group.

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.

There is access to a male and female GP, an advanced nurse practitioner, practice nurses, a health care assistant and a phlebotomist. Some of the clinicians rotate across the other two sites at New Cross Surgery and Middleton Surgery, on set rotas. There is a management support team, headed by a practice manager, and a team of administration and reception staff.

Alternative Provider Medical Services (APMS) are provided under a contract with NHS England. The practice is registered to provide the following regulated activities; maternity and midwifery services, family planning,

# Detailed findings

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 carried out a comprehensive inspection of this service on 3 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions and inspection programme. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice 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 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (January 2016). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection. During our visit we:

- Spoke with a range of staff, which included GPs, the practice manager, members of the nursing team and reception/administration staff.

- Spoke with patients who were all positive about the care and treatment they received.
- Reviewed comment cards where patients and members of the public shared their views. All comments received were positive about the service they received, although some commented on difficulty relating to access.
- Observed in the reception area how patients/carers/family members were being treated and communicated with.
- Spoke with members of the patient forum.
- 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.

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.

When there were unintended or unexpected safety incidents, we were informed patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP acted in the capacity of safeguarding lead and had been trained to the appropriate level three. When possible, they attended the regional safeguarding meetings and fed back to the practice accordingly. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Not all GPs were up to date with safeguarding level three training, however, we have since been informed that this has now been resolved.
- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with

children or adults who may be vulnerable. It was recorded in the patient's records when a chaperone had been in attendance, however, it was not recorded who the chaperone had been. We were informed future practice would be altered to reflect this.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw up to date cleaning schedules in place. A practice nurse was the infection prevention and control (IPC) lead who kept up to date with best practice. There was an IPC protocol in place and staff had received up to date training. We saw evidence that an IPC audit had taken place and action was taken to address any improvements identified as a result.
- 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. The practice also had a system for the production of Patient Specific Directions to enable health care assistants to administer vaccinations.
- 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 had abnormal results.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken, for example proof of identification, qualifications, references and DBS checks.

### Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk

## Are services safe?

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 randomly checked pieces of equipment to ensure it was safe to use and in good working order. We were informed all electrical and clinical equipment were regularly tested and calibrated and saw records to corroborate this.

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.
- Training records showed all staff were up to date with basic life support training.
- There was emergency equipment available, such as a defibrillator and oxygen, which had masks suitable for both children and adults. 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 a comprehensive business continuity plan in place for dealing with major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and told us they used these to support delivery of care and treatment to meet patients' needs.

We were informed that any new guidance, local and national, was disseminated to staff, raised for discussion at clinical and practice meetings, and made available on the practice computer system for all staff to access. For example, recent guidance regarding the prevention and management of diabetic foot problems (January 2016).

The practice worked closely with local pharmacy teams to ensure optimal medicines management, this included receiving support with medicine reviews, audits and prescribing guidance.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/15) were 97% of the total number of points available, with 5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF or other national clinical targets. Data showed:

- 76% of patients with diabetes had a HbA1C result which was within normal parameters, compared to 73% locally and 77% nationally. (HbA1c is a blood test which can help to measure diabetes management.)
- 93% of patients with diabetes had received a foot examination and a risk classification for potential problems, compared to 88% locally and nationally

- 93% of patients with hypertension had a blood pressure reading which was within normal parameters, compared to 84% locally and nationally
- 85% of patients with dementia had received a face to face review of their care, compared to 88% locally and 84% nationally

The practice participated in local audits, national benchmarking, accreditation and peer review, which were used to improve the quality of care and service.

We saw clinical audits which had been completed in the last 12 months and had planned re-audit dates. Two of the audits we looked at were completed audit cycles relating to antibiotic prescribing for lower urinary tract infections and the two week wait cancer referral process. Both of these audits could evidence where improvements had been implemented and monitored.

### 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 fire procedures, infection prevention and control, basic life support, information governance awareness and safeguarding. However, not all clinical staff were up to date with the appropriate level safeguarding training; this has since been resolved. The practice had an induction programme for newly appointed staff which also covered those topics. Staff were also supported to attend role specific training and updates, for example the management of long term conditions.
- Individual training and development needs had been identified through the use of appraisals, meetings and reviews of practice development needs. Staff had access to e-learning, in-house and external training. 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. The GPs were given protected time each week for professional development purposes.
- 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



# Are services effective?

## (for example, treatment is effective)

accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records, investigation and test results. There was a care coordinator in place who ensured care plans were in place and reviewed regularly for those patients who had complex needs or were at a high risk of an unplanned hospital admission. The practice could evidence how they followed up after discharge those patients who had an unplanned hospital admission or had attended accident and emergency (A&E).

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. Information was shared between services, with the patient's consent, using a shared care record. We saw evidence that multidisciplinary team meetings, to discuss patients and clinical issues, took place on a monthly basis.

The practice worked closely with a local independent hospital for patients who had complex mental health needs, to provide care and treatment as needed.

### Consent to care and treatment

Clinicians had a good understanding of 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. The GPs gave us several examples where they had been involved in Deprivation of Liberty Safeguards, particularly in those patients who resided in the local care home.

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. We were informed of several examples to support clinicians understanding of Gillick competency. Gillick competency is used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

### Supporting patients to live healthier lives

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

- who were in the last 12 months of their lives and had palliative care needs
- 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 held a register of patients who had poor mental health and an alert was on their electronic record to quickly identify to clinicians where any additional support may be needed.

There was access to counselling and psychiatric services at New Cross Surgery, provided by community services, which supported patients who may be anxious attending other areas/services they were unfamiliar with.

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.

There was a range of written information regarding health and well being advice, NHS screening programmes and self care, which was available both in the practice and also on the website.

Screening for chronic obstructive pulmonary disease (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. This resulted in a reduced need to attend secondary care services.

All eligible patients were advised, encouraged and given information of the benefits of attending the NHS screening programmes for bowel, breast and cervical cancer. The

## Are services effective?

(for example, treatment is effective)

practice uptake rate for cervical screening was 83%, compared to 75% locally and 74% nationally.

Non-attenders for cervical screening were contacted by the practice where the benefits were reiterated and an appointment made. All patients who had an abnormal result were also contacted and followed up.

Childhood immunisations were carried out in line with the national vaccination programme. The uptake rates for the practice were comparable to the local and national averages. For example, children aged 24 months and under ranged from 93% to 100% and for five year olds they ranged from 92% to 100%.

# 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.

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

- 82% of respondents said the last GP they saw or spoke to was good at listening to them (local CCG 87%, nationally 89%)
- 81% of respondents said the last GP they saw or spoke to was good at giving them enough time (local CCG 85%, nationally 87%)
- 81% of respondents said the last GP they spoke to was good at treating them with care and concern (local CCG 82%, nationally 85%)
- 93% of respondents said the last nurse they saw or spoke to was good at listening to them (local CCG 92%, nationally 91%)
- 92% of respondents said the last nurse they saw or spoke to was good at giving them enough time (local CCG 92%, nationally 91%)
- 89% of respondents said the last nurse they spoke to was good at treating them with care and concern (local CCG 90%, nationally 91%)

All of the 43 Care Quality Commission patient comment cards we received were positive about the care they had experienced. During the inspection we spoke with four patients who felt staff treated them with dignity and respect.

### Care planning and involvement in decisions about care and treatment

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

- 70% of respondents said the last GP they saw was good at involving them in decisions about their care (local CCG 80%, nationally 81%)
- 82% of respondents said the last GP they saw was good at explaining tests and treatments (local CCG 85%, nationally 86%)
- 82% of respondents said the last nurse they saw was good at involving them in decisions about their care (local CCG 85%, nationally 85%)
- 90% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (local CCG 89%, nationally 90%)

Patients we spoke with told us they felt listened to, supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

The House of Care model was used with patients who had a long term condition, such as diabetes. This approach enabled patients to have a more active part in determining their own care and support needs in partnership with clinicians. Individualised care plans for these patients were maintained, which included how they could manage an exacerbation and any anticipatory medication which may be required.

### Patient and carer support to cope emotionally with care and treatment

The practice had a carers' register in place and those patients had an alert on their electronic record to notify staff. There was a nominated carers' lead, carers were offered additional support as needed and signposted to local carers' support groups. We saw there were notices in the patient waiting area and on the website, informing patients how to access a number of support groups and organisations. The practice worked closely with Carers Leeds, which was the main carers' centre for the city. They encouraged carers to participate in the Leeds yellow card scheme. The card informs health professionals that the individual is a carer for another person and to take this into consideration if the carer becomes ill, has an accident or is admitted to hospital.

## Are services caring?

The practice also had a register of those patients who required palliative care. Care plans were in place and reviewed accordingly for these patients. The practice liaised with the local palliative care team to support patients accordingly to ensure their needs and decisions in their care were met.

We were informed that if a patient had experienced a recent bereavement, the practice would express their condolences and they would be contacted and supported 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.

- There were longer appointments available for people who needed them.
- Home visits were available for patients who could not physically access the practice.
- Urgent access appointments were available for children aged 12 and under and those who required them, including patients who had dementia or palliative care needs; there was an alert on the patient record alerting staff to their need.
- 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.
- There was a specialist diabetic nurse who had been trained to initiate insulin for newly diagnosed patients, this reduced the need for patients to attend secondary care.
- We were informed the GPs were flexible and would see those patients who needed to be seen, often asking them to come to the practice after the last appointment.
- Tissue viability was provided by an experienced and appropriately trained nurse, who could undertake complex leg ulcer dressings on patients who attended the practice.
- Interpreter and translation services were available for patients who did not have English as a first language.
- There was an ultrasound machine based at New Cross Surgery, allowing patients quicker and easier access, rather than attending secondary care.

### Access to the service

The practice was open between Monday to Friday 8am to 6.30pm. Saturday clinics from 8.30am to 1pm were rotated between Swillington Health Practice and two other locations nearby, New Cross Surgery and Middleton Park Surgery; who are also part of Grange Medicare group. Appointment times were:

Monday 9am to 11.20am and 2.30pm to 5pm

Tuesday 9am to 12 midday

Wednesday 9am to 11.20am and 2.30pm to 5pm

Thursday 9am to 11.30am

Friday 8.30am to 10.50am and 2.20pm to 4.20pm

All appointments could be booked in person, via the telephone or online. When the practice was closed out-of-hours services were provided by Local Care Direct, which could be accessed via the surgery telephone number or by calling the NHS 111 service.

In addition to pre-bookable appointments, which could be booked up to one month in advance, urgent appointments were also available for people that needed them. Telephone consultations were sometimes held by clinicians, dependent on the need of the patient.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages, for the majority of questions relating to access. For example:

- 60% of respondents were satisfied with the practice opening hours (local CCG 74%, nationally 75%)
- 58% of respondents said they could get through easily to the surgery by phone (local CCG 69%, nationally 73%)
- 74% of respondents were able to get an appointment to see or speak to someone the last time they tried (local CCG 83%, nationally 85%)
- 85% of respondents said the last appointment they got was convenient (local CCG 91%, nationally 92%)

The practice informed us of the actions they had taken to improve access and patient satisfaction rates. We saw evidence of a comprehensive action plan to address the issues. It had been noted that the telephone system was an issue and there were plans to introduce a new system. We were also informed that due to the loss of some salaried GPs they had heavily relied on GP locums which had impacted on patient continuity and satisfaction. They had since recruited some new salaried GPs which supported continuity of care for patients. However, the practice acknowledged they still had further work to do.

The practice also monitored the number of patients who did not attend their appointment and published the data in the reception area, to raise awareness. Text messages were sent to remind those patients of their appointments.

### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

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

- The 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 complaints.

We looked at their complaints record over the last 12 months and saw there had been two in total; there were no overall themes. We saw that areas for learning had been identified and action taken to improve the quality of care and service delivery 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

There was a mission statement which identified the practice values, which were to deliver high quality care and effective treatment to enable them to meet the needs of their patients. Staff were aware of the vision and aims and were passionate about the delivery of good patient care. There were robust strategy and business plans in place which were regularly monitored.

### Governance arrangements

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

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

### Leadership and culture

There was no clear GP lead as all were either salaried or locums, although some GPs had lead for specific areas, such as QOF, safeguarding, palliative care. However, there was a leadership structure and a lead GP within the provider framework, Grange Medicare Ltd, which supported the practice in the development and delivery of services.

The GPs and management team were visible in the practice and approachable. We were informed of how the impact of previously not having regular GPs and a heavy reliance on locum GPs had affected communication and support for the clinicians. Although there had been GPs recruited to the practice, several of these were newly qualified and may have required more support than an experienced GP would have. Consequently, we were informed by some GPs that they did not always feel supported and would benefit from a mentorship programme. This was reflected to the practice, who have since had a GP meeting to discuss how

support and mentorship can be incorporated into their daily work, whilst maintaining patient access levels and delivery of care. We have since seen evidence of actions which have been taken.

Nursing and administration/reception staff told us the GPs and management team were accessible, visible and approachable. They also informed us they felt supported and received mentorship within their roles. Monthly clinical and practice meetings were held where staff were encouraged and supported to identify opportunities to improve service delivery and raise concerns. They told us they felt respected, valued and appreciated.

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

The practice proactively sought feedback from patients through the use of patient surveys, the NHS Friends and Family Test and the patient forum.

The patient forum consisted of 10 members who met face to face every two to three months. The practice had promoted the forum by the use of posters displayed in the reception area, talking with patients and advertising in the various locations throughout the village. The forum members we spoke with explained some of the difficulties there were in relation to telephone access and the practice premises and how they engaged with the practice regarding these. The members were very active in raising awareness with the local authority and local member of parliament regarding the premises, particularly in relation to disabled access.

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

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. This was evidenced in their response to our feedback at the end of the inspection. The practice have since provided us with a plan of actions they have identified and already completed, along with future developments they intend to undertake.

The practice manager was liaising with social services to ensure they were capturing any 'young' carers they were not aware of, to ensure those patients were supported appropriately.