

Hawthorn 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 Hawthorn Surgery on 3rd December 2015. Overall the practice is rated as **good**.

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

- The practice had a clear vision which had quality, safety and personalised care as its top priorities. The strategy to deliver this vision had been shared with stakeholders and was regularly reviewed and discussed with staff.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice in collaboration with the practice which shares the health centre provided a 'flu afternoon' in a local community centre. Tea and buns were provided and the local Fire Brigade attended to provide advice on fire safety. Patients for either practice would be seen in the session.
- Feedback from patients about their care was consistently and strongly positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example a children's asthma service is a joint venture with six other practices
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance, and had the skills, knowledge and experience to deliver effective care and treatment.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Locum GP pack was considered by the inspection team to be excellent and comprehensive and made it easier for locum GPs to settle into work in the practice.
- The practice was able to demonstrate good outcomes for children who were classed as obese through their 'obesity in children project'.
- The practice is working with six other practices collaboratively to improve care and outcomes for children with asthma, implementing NICE guidelines.
- The Family Football Initiative was developed as an over 50's walking football club and was started in November 2014 to support patients who felt isolated. This developed into its current family focus.
- Daily Mile initiative is in the process of being set up to address isolation and mental health. This will run every weekday and will start at a local park at 1pm, with all patients welcome to join.

However, there was one area where the provider **should** improve:

- Revise and implement a lone worker policy, particularly in relation to the nurse/HCA undertaking home visits.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

We saw several areas of outstanding practice including:

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



- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Lessons were shared to make sure action was taken to improve safety in the practice.
- We saw evidence that the practice used significant events and incidents as a basis from which to learn and improve care. Information about safety was valued and was used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. Risks to patients were assessed and well managed.
- There was an effective system in place for reporting and recording significant events.
- When there were unintended or unexpected safety incidents, those affected received reasonable support, truthful information, and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

The practice is rated as **good** for providing effective services.

Good



- At inspection our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data, including that from the Quality and Outcomes Framework (QOF) showed that the practice was performing well when compared to practices nationally and in the Clinical Commissioning Group.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as **good** for providing caring services.

Good



- Feedback from patients about their care and treatment was consistently and strongly positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. An example of this is that over 90% of patients said the GP was good at giving them enough time and treating them with care and concern.
- We observed a very strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. An example of this was the provision of a cup of tea to a shivering older patient in the waiting area.
- We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on.
- Views of external stakeholders were very positive and aligned with our findings.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as **outstanding** for providing responsive services.

Outstanding



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. An example was working with the Citizens Advice Bureau and providing food bank vouchers

Summary of findings

- There are innovative approaches to providing integrated person-centred care. An example is the Family Football initiative.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. An example of this is the extended opening hours.
- Patients can access appointments and services in a way and at a time that suits them. An example of this is the online booking of appointments and same day telephone access.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and evidence showed that the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders including the patient group.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.

Are services well-led?

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

- The practice had a clear vision with high quality care, a focus on their most vulnerable patients and the promotion of good outcomes for patients as its top priorities. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. There was an overarching governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The practice carried out proactive succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, and it had a very active patient participation group which influenced practice development.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as **good** for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 79% and higher than the national average at 73%. They also achieve high targets in shingles and pneumonia immunisations and with assistance from the multidisciplinary team (MDT) they deliver these in care homes, community centres and patients' houses.
- Longer appointments and home visits were available for older people when needed.
- The practice worked closely and meets regularly with their community matron, palliative care nurse and the wider MDT. They provided examples where this teamwork had resulted in admission avoidance and improved care, particularly of their 2% highest risk group.
- The practices took part in the Care Home Scheme in monitoring medicines and are carrying out over 75 health checks.
- There was a 'Knitting Bee' group initiated by the practice and run by the patients which was popular with their older population.

People with long term conditions

The practice is rated as **good** for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice average achievement in the quality and outcomes framework (QOF) diabetes indicators was the same as national average at 84%.
- The national diabetes audit showed that the practice was achieving 9 care processes in 58% of their patients in 2013. After implementing changes this improved to 80% over a 12 month period.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The 'Year of Care' scheme has been introduced for diabetic patients to self-manage their health, with encouraging feedback.
- A system to monitor patients on anti-rheumatic medicines has been introduced and the practice has already experienced several incidents where they have identified deterioration earlier.
- An external audit project has shown that the practice has improved its treatment for patients with atrial fibrillation in accordance with NICE guidance from 69% of patients to 72% in six months.

Families, children and young people

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

- We saw positive examples of joint working with midwives, health visitors and school nurses. The Safeguarding Lead and Health Visitor meet monthly to discuss concerns about children, parents/carers.
- Staff were able to give clear examples of their understanding of safeguarding vulnerable children, and we saw evidence of clear documentation and good information sharing. 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 24-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 81% compared with a national rate of 82%
- Appointments were available outside of school hours and the premises were suitable for children and babies. After receiving patient feedback that the waiting area was not child friendly they purchased a play house and toys. The most recent survey showed the waiting area was highly rated.

Good



Summary of findings

- Walking Football Club for the Over 50s had evolved into a Family Walking Football Club where three generations were playing together. We saw qualitative research which showed the high value patients placed on this.

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 the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. An example is extending the opening hours from 7am to 7pm on weekdays in response to patient comments.
- The practice offered online and same day telephone consultations
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs of this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice proactively carried out medicals with their patients with learning difficulties and because of this has identified issues which would not have presented until later; for example we saw evidence that medical conditions were detected at an early stage through this process. The practice had actively monitored their 'did not attend' appointments and had highlighted how often this group and adults with mental health issues failed to attend booked appointments. The practice is developing a protocol to proactively contact patients prior to their appointment.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for learning disability annual health checks. Longer appointments could be requested by Carers.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had previously collaborated with the citizen's advice bureau (CAB) to provide assistance with benefit related issues. This service had recently been discontinued due to financial pressures.
- The practice had a system for identifying patients with a high attendance at A & E which would indicate vulnerable patients. These patients were discussed at multidisciplinary meetings.

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).

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had responded to depression QOF figures by focussing on encouraging attendance for reviews and improving coding to support this.
- The practice has increased their identification of patients with dementia from 48% of predicted prevalence to 87% in one year by using the dementia toolkit.
- The practice is setting up a 'Daily Mile' scheme, one of the aims of which is to address isolation in patients with poor mental health. This involves patients undertaking an hour long walking session every weekday in the local park.

Good



Summary of findings

What people who use the service say

The results of the national GP patient survey results published on July 2015 showed the practice was performing better than local and national averages. Survey forms were sent to 332 patients and 105 were returned which was a response rate of 32%, and represented nearly two per cent of the patient list. Of the responses:

- 87% said it was easy to get through to the surgery by phone compared to the CCG average of 75% and a national average of 73%.
- 87% said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and a national average of 85%.
- 96% said that their overall experience of the surgery was good compared with the CCG average of 87% and a national average of 85%.

- 88% said they would recommend this surgery to someone new to the area compared with the CCG average of 82% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were mostly positive about the standard of care received, although four included negative comments about the waiting time for appointments. The comments were complimentary about the manner and competency of all the staff and the level and quality of service provided.

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

Areas for improvement

Action the service **SHOULD** take to improve

- Revise and implement a lone worker policy, particularly in relation to the nurse/HCA undertaking home visits.

Outstanding practice

- Locum GP pack was considered by the inspection team to be excellent and comprehensive and made it easier for locum GPs to settle into work in the practice.
- The practice was able to demonstrate good outcomes for children who were classed as obese through their 'obesity in children project'.
- The practice is working with six other practices collaboratively to improve care and outcomes for children with asthma, implementing NICE guidelines.
- The Family Football Initiative was developed as an over 50's walking football club and was started in November 2014 to support patients who felt isolated. This developed into its current family focus.
- Daily mile initiative is being set up to address isolation and mental health. It will run every week day and will start at a local park at 1pm with all patients welcome to join.

Hawthorn 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 adviser, a practice nurse specialist adviser, and a practice manager specialist adviser.

- The practice is open between 7am and 7pm Monday to Friday. Appointments are from 7.50am to 11am every morning and to 5.40pm daily as a minimum and additional appointments over lunchtime and in the evenings are provided by locum GPs when required.
- Outside of surgery hours an Out of Hours Service is provided by Local Care Direct and there are a number of local walk-in centres in the vicinity.

Background to Hawthorn Surgery

Hawthorn Surgery was inspected on Thursday 3rd December 2015, and is situated in the purpose built Wortley Beck Health Centre which houses two general practices. The premises were built in 2008 and are well maintained with facilities suitable for the needs of the disabled, and limited car parking. The premises are on the main ring road around Leeds and there are good transport links. The practice population is 5286 (October 2015) and is in the third most deprived group. The practice has more working age patients than the national average and a higher percentage of children aged 0 – 4. What it does:

- There are three partners, two male (full time) and one female who works part-time (0.6)
- The support team includes a practice manager, practice nurse, healthcare assistant (HCA), secretaries, senior receptionists, administration/reception staff, a summariser.
- The practice is a training practice that supports GP Registrars, F2 doctors (doctors who have qualified within the last two years), medical students and GP returners.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3rd December 2015. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, supervisors, receptionists and spoke with patients and members of the patient participation group who used the service.

Detailed findings

- We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 were provided for specific groups of people and what good care looked 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 (QOF) 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 with an open and transparent approach in evidence.

- Staff told us they would inform the practice manager or a GP of any incidents and there was a recording form available on the practice's computer system. All incidents were recorded on the computer system.
- The practice carried out a thorough analysis of the significant events and all such events are discussed at clinical and staff meetings.
- Staff are informed about incidents and learning every January when there is a meeting to discuss significant events, complaints and business continuity. An example was provided of a confidentiality breach after which an investigation was conducted and remedial action taken. The practice manager wrote to the patients and explained the situation, and the remedial action taken. This incident was discussed at a practice meeting.
- In the last year the practice has recorded, investigated and responded to 28 incidents, mainly medicines related.

We reviewed safety records, incident reports and national patient safety alerts and minutes of meetings where these were discussed. These were circulated with a signing sheet and saved on the intranet drive for access. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice highlighted the risk of the CCG Medicines Management Team sending out multiple letters to specific groups of patients, when requesting medication switches, without first addressing the risk of allergies. As a result of the practice's actions, the CCG have changed their processes when producing these letters and in particular now address the risk of allergies.

When there were unintended or unexpected safety incidents, 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 patients safe and safeguarded from abuse.

Arrangements were in place, which reflected relevant legislation and local requirements, to safeguard children and vulnerable adults from abuse, and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A named GP was the safeguarding lead for the practice and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3, nurses at level 2. Staff provided examples where they had identified child protection concerns and gave details of the action they had taken. We saw evidence that staff meetings have covered related topics such as Gillick competence (a term used in medical law to decide whether a child is able to consent to their own treatment without parental permission or knowledge), female genital mutilation, child exploitation and mental capacity act and that training had been provided.

There was a Chaperone Policy in place and a notice in the waiting room advised patients that chaperones were available, if required. The chaperone service was provided by the nursing and reception/administrative staff. Staff were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The health care assistant (HCA) is currently being trained to undertake this role. Any chaperone duties undertaken are recorded on the computer system.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. An action plan was in place and seen, and it was monitored and updated.

Are services safe?

The arrangements for managing medicines in the practice kept patients safe, including emergency drugs and vaccinations; obtaining, prescribing, recording, handling, storing and security. The practice carried out regular medicines audits, some with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The practice had adopted Patient Group Directions (PGDs) to allow nurses to administer medicines in line with legislation, and Patient Specific Directions (PSDs) to support the work of the HCA. There was a system in place to check prescriptions that had not been collected.

We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. All new staff members are provided with a mentor, and there is a 12 week induction period.

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. There was a system in place for reviewing 'failed to attend' appointments for under 16 year olds and vulnerable adults.

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 with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice

had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and rotas are checked on a monthly basis.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency and there were also emergency buttons in each room.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. These were easy to access and all staff knew of their location. All the medicines were checked were in date and fit for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. There was also a thermal emergency blanket available for fire drills.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and all members of staff had a copy. All staff also had a laminated credit card size sheet which detailed the cascade list.

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 people's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. An example given was the children's asthma audit which identified gaps in care against NICE guidance. The practice worked collaboratively with six practices and experts to set up review clinics with a template and protocols, implementing gold standard care to improve outcomes both in terms of the quality of life of the children and avoiding serious exacerbations resulting in A & E or hospital admissions.

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 recently published results were that the practice achieved 88% of the total number of points available, with 3.4% exception reporting across all domains. (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 effect). Performance for diabetes related indicators was similar to the national average i.e. across the six indicators the practice average was 83% as opposed to the national average of 84%.

- The percentage of patients with hypertension having regular blood pressure tests was less than the national average at 71%, the national average being 83%. The practice had identified this from the QOF report and investigated the reasons. The reasons were an

experienced practice nurse leaving the practice, another senior practice nurse had been on long term sick leave, a locum GP had been coding patients with hypertension but not adding a call/recall so patients didn't know they should attend for a review. A replacement practice nurse is now in place and fully trained and has instigated a recall system with an alert added to each individual record. Nine months into the year the practice had already exceeded the level achieved at the end of March 2014.

- Performance for mental health related indicators was similar to the national average i.e. across the four indicators the practice average was 81%, against a national average of 88%

Clinical audits demonstrated quality improvement.

- Eleven clinical audits had been completed in the last two years. Nine of these were completed audits where significant improvements had been made, were implemented and continued to be monitored. One was awaiting a second cycle of audit, and one other was in progress.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken included using the dementia toolkit to identify patients at risk, prescribing of anti-rheumatic drugs and two-week cancer referrals, improvement in positive detection rate increased from 13 – 17%.
- We saw evidence of prescribing audits for example antibiotics which had led to a reduction in prescribing and had a direct impact on patient care.

Information about patients' outcomes was used to make improvements such as the walking football team and the free walking activity project.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions, staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had participated in an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they

were discharged from hospital. We saw evidence that multidisciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and carers. Patients were then signposted to the relevant service.
- A dietitian service was available and smoking cessation service was based on the ground floor of the health centre.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 78% and the national average of 77%. The practice ensured a female sample taker was available and the practice nurse followed up all abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had identified a particular member of staff with responsibility for dealing with cervical smear results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds from 87% to 97%.

Are services effective?

(for example, treatment is effective)

Flu vaccination rates for the over 65s were 79%, and at risk groups 44%. These were also comparable to CCG and national averages. The practice and its neighbouring practice provided a 'flu afternoon' in a local community centre. Tea and bus were provided and the local Fire Brigade attended to provide advice on fire safety. Patients from either practice were seen and vaccinated.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 44 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. There were four cards which also mentioned longer waiting times for appointments that expected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We also spoke with three patients in the waiting room who confirmed the positive comments on the cards.

We spoke with two members of the Patient Participation Group which had been in existence since 2012 and now has 20 members aged between 25 and 80. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected and that the GPs are very caring and committed. They remarked that it is a really good practice; with an interest in patients and that the PPG is encouraged to voice ideas. The PPG discusses all survey results and complaints at every meeting and one example of their involvement was the extended opening hours.

The national GP patient survey in July 2015 had a response rate of 32% and results showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses and 88% said they would recommend this surgery to someone new to the area. For example:

- 91% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared with the CCG average of 89% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared with the CCG average of 96% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

The results in the survey overall are either equal to or higher than average for every indicator.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 81%.

Are services caring?

- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. Notices were in the reception areas informing patients this service was available. The practice website has a translate button, which enables translation of the information into 90 different languages.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and a letter was sent. We were provided with a copy of this letter.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. An example of this is the preceptorship for Practice Nurses, developed by the CCG after a letter written by the Senior Partner at the practice highlighting this need.

- The practice offered extended opening hours from 7am to 7pm Monday to Friday.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop, and signs in braille, translation services and baby changing facilities available.
- The Family Football Initiative was developed as an over 50's walking football club and was started in November 2014 to support patients who felt isolated. This developed into its current family focus. The practice originally funded this initiative at a cost of £62pw. The Leeds West CCG agreed that funding awarded to the Practice through the Medicine Optimisation Scheme could be used to support this scheme and the practice were awarded a Community Grant from Leeds City Council for a year's funding from April 2015. A qualitative evaluation of this scheme has been undertaken and we were provided with the very positive results.
- Daily mile initiative is being set up to address isolation and mental health. It will run every weekday starting at 1pm in a local park. All patients are welcomed.
- The practice developed an 'obesity in children project' in response to identifying that 28% of their under 16 patients were classed as obese.
- The practice is working with six other practices collaboratively to improve care and outcomes for children with asthma, implementing NICE guidelines.
- The practice set up an asthma review clinic with a template and protocols, implementing gold standard care to improve outcomes both in terms of the quality of life of the children and avoiding serious exacerbations resulting in A & E or hospital admissions.

Access to the service

The practice was open between 7am and 7pm Monday to Friday. Appointments were from 7.50am to 10.40am and 2.30pm – 5.40pm daily. Additional appointments are provided over lunchtime and in the evenings by locum GPs when needed. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available on the day for people that needed them. Hawthorn Surgery provides good access to medical care and this is in excess of expectations. An analysis of appointments showed that 439 appointments are available each week. The national benchmark is 70 appointments per 1,000 patients per week. For Hawthorn Surgery this would be 371.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. For example:

- 78% of patients said they were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 75%.
- 87% of patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and the national average of 73%.
- 85% of patients said they always or almost always see or speak to the GP they prefer compared with a CCG and national average of 60%.

People told us on the day of the inspection that they were usually able to get appointments when they needed them.

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.
- The Practice Manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, and dealt with in an open, honest and timely way. Lessons were learnt



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

from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint about difficulty in arranging an appointment resulted in extended access appointments After discussion

with the PPG a TV monitor is to be provided in the waiting room advertising services to patients such as availability of telephone consultations. Evidence was provided to show that complaints are discussed with the PPG.

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 an holistic approach to patient care and recognised that medical and social health are linked, and that loneliness, social and physical activity go together and can in turn reduce the incidence of medical problems. The practice had a clear vision to deliver high quality personalised care, promote good outcomes for patients, to help patients manage their health and to focus on the most vulnerable patients.

- Practice staff knew and understood the values articulated in the vision.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of good quality care. This ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents the practice gave those affected reasonable support, truthful information and a verbal and written apology

There was a clear leadership structure in place and staff felt supported by management. Staff told us:

- The practice held regular team meetings.
- There was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They felt confident in doing so and felt supported if they did. We noted practice team social events took place.
- They felt respected, valued and supported, by the partners and practice manager. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The active PPG met regularly, reviewed patient survey results, complaints and incidents and submitted proposals for improvements to the practice management team. For example, yellow lines outside the car park and the provision of a TV screen to highlight practice services in reception.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. An example was the provision of a post consultation slip on bright orange paper given by clinicians to patients to take

Are services well-led?

Good 

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

to reception which states further action needed. Staff told us they felt involved and engaged in improving how the practice was run. Staff undertake training within their working hours. A number of staff members interviewed had considered how their role within the practice fitted into the CQC domains and explained these during interview.

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 pilot schemes to improve outcomes for patients in the area. An example of this is the collaborative working with six other practices to improve care and outcomes for children with asthma in implementing NICE guidelines.