

Girlington Health Centre

Quality Report

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Date of inspection visit: 2 December 2015
Date of publication: 03/03/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Girlington Health Centre on 2 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns and report incidents and near misses.
- Risks to patients were assessed and safely managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they could book urgent appointments when they needed to and these were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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. We found positive working relationships between the staff.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

- The practice had an effective complaints system which was supported by a lead clinician who was the Parliamentary & Health Service Ombudsman representative.

Summary of findings

- The practice had developed a 'Digital (dynamic) Care Plan' system. This enabled selected patients to self-manage their care and for actionable information and proactive care planning and delivery.
- The practice had participated with the Healthy Hearts campaign and won the General Practice Team of the year award for 2015.
- The practice was a pilot site for NHS England to develop the accessible information standard. This tells organisations how they should ensure that disabled patients receive information in formats that they can understand.

The areas where the provider should make improvement are:

- Remove fabric chairs from clinical rooms and replace with wipeable materials

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- The service had a dedicated Safeguarding lead who demonstrated a good understanding of the needs of the local population and promoted this within the practice.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff referred to best practice guidance including the National Institute for Health and Care Excellence.
- 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 staff.
- Staff worked well with multidisciplinary teams, to understand and meet the range and complexity of people's needs.
- The practice PPG met on a quarterly basis, one of the members was the president for the council for mosques which enabled the large local Asian community to be represented effectively within the practice.
- The practice management team was involved in local and national groups.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- Staff treated patients courteously, with kindness and respect, and maintained confidentiality.
- Patient feedback regarding the practice was generally positive, however data showed that patients rated the practice lower than Clinical Commissioning Group (CCG) averages for some aspects of care.

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 Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said urgent appointments were available the same day and that the last appointment they had was convenient.
- 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 to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice has an active PPG. The members we spoke to were able to give examples of where changes to the practice had been made, following their input.

Good



Are services well-led?

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

- The practice had a clear vision and strategy as to how it would continue to meet patients' needs in the future. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. There were systems in place to monitor and improve quality and identify risk.
- 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

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The PPG was active and encouraged.
- 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.

- 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.
- We found easy access for those with poor mobility.
- A large nursing home was located directly opposite the practice and the practice were proactively working with the home to make sure that the residents were supported adequately.
- The practice held Palliative Care Gold Standard meetings involving District Nurses, GP's and the Macmillan nurse.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority
- The practice held a multi-disciplinary Long Term Conditions clinic weekly
- Outcomes for patients with diabetes were similar to the national average
- Longer appointments and home visits were available when needed
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



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
- 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.

Good



Summary of findings

- The numbers of women attending for cervical screening was in line with national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies with toys available.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- The practice routinely made early contact with new parents.
- We saw that 22 children were on the child protection register. There were alerts on patient records where there were child protection plans active.

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.
- The practice had introduced some online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a text messaging service to remind patients about appointments and consent for this was sought from patients before implementation.
- The practice offered a Saturday surgery from 8am-11am.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for people with a learning disability and annual health checks.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had told 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.
- We saw that seven adults were on the adult safeguarding register. There were alerts on patient records where there were active adult protection plans.

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).

- 49% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months and 69% of people identified as experiencing poor mental health had an agreed care plan in the last 12 months.
- Weekly counselling sessions were offered at the practice via an external resource.
- The practice regularly worked with multi-disciplinary 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 may have been experiencing poor mental health, and who had attended accident and emergency.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- 14 Palliative care patients were on the practice register. Palliative care meetings were held every month.
- 92 mental health patients were recorded on the practice register. The practice had set up a service where Matrons visited care homes for proactive management (mainly Schizophrenia).
- 30 patients were on the learning disability register. The community trust attended some of these reviews and provided the practice with accessible information.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015. The results showed the practice was performing below local and national averages. We noted that 435 survey forms were distributed and 109 were returned. This is a response rate of 25% (just over one per cent of the patient list) of those surveyed.

- 51% of patients found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 88% found the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 72% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79% and a national average of 85%.
- 86% of patients said the last appointment they got was convenient compared to a CCG average of 91% and a national average of 92%.
- 60% of patients described their experience of making an appointment as good compared to a CCG average of 64% and a national average of 73%.
- 70% of patients usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 66% and a national average of 65%.

The practice management team recognises that since the installation of a new telephone system, with a single contact number across the two sites, to improve access by phone this created difficulties for patients to make contact. The practice have worked continuously with the phone company to address these issues. The practice also communicated these difficulties to the patients in a variety of ways to ensure they were kept informed. During this phase they encouraged patients to use on-line secure messages for questions, appointment booking and proactive messaging using SMS. The practice currently has 25% of its patient population registered for on line services.

More recent feedback shows that access by phone has now significantly improved after the electronic relays were changed between the two sites. The practice told us they will continue monitoring to ensure further improvement and satisfaction with access by phone is achieved.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received.

We spoke with 14 patients during the inspection. All 14 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Remove fabric chairs from clinical rooms and replace with wipeable materials

Outstanding practice

- The practice had an effective complaints system which was supported by a lead clinician who was the Parliamentary & Health Service Ombudsman representative.
- The practice had developed a 'Digital (dynamic) Care Plan' system. This enabled selected patients to self-manage their care and for actionable information and proactive care planning and delivery.

Summary of findings

- The practice had participated with the Healthy Hearts campaign and won the General Practice Team of the year award for 2015.
- The practice was a pilot site for NHS England to develop the accessible information standard. This tells organisations how they should ensure that disabled patients receive information in formats that they can understand.

Girlington Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector, a second CQC Strategy & Intelligence officer, a GP specialist advisor, a practice manager specialist advisor and a practice nurse specialist advisor. Our inspection team also included an Expert by Experience who is a person who uses services themselves and wants to help CQC to find out more about people's experience of the care they receive.

Background to Girlington Health Centre

Girlington Health Centre is registered with CQC to provide primary care services which include, access to GP's, the treatment of disease, disorder or injury, family planning services, surgical procedures, diagnostic and screening procedures and maternity and midwifery services. It provides services for 10,000 patients in Bradford and is part of the NHS Bradford District Clinical Commissioning Group (CCG). The practice has a Personal Medical Services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

There are similar numbers of male and female patients, with higher numbers of young children accessing the practice than the national average and those in the 25-34 age group. The practice catchment area is classed as a deprived area.

The practice has four GP partners and a business manager who is also a partner. There are two female GP's and two male GP's who work at the practice, a management team, a nurse practitioner and health care assistants.

Extended hours surgeries are offered on Saturday until 11am. Patients can book appointments up to two weeks in advance. Out of hours care is provided by Local Care Direct, they can be contacted via the surgery telephone number. A further option is to contact the NHS helpline by dialling 111 or consult NHS Direct online.

Girlington Health Centre and Allerton Health Centre which are part of the Carlton Medical Practice are currently undergoing a merger with Phoenix Medical Practice which is located at Allerton. Many aspects of the two practices have been merged, but there remain a few key actions to do before it is fully completed, namely, the full merging of the clinical systems (which are currently partly shared), the merging of the PMS contracts, and a single CQC registration therefore combining the registration to become a single entity called the 'Carlton & Phoenix Medical Practice'. The current three locations (Girlington Health Centre, Allerton Health Centre, Phoenix Medical Practice Allerton Health Centre) will be merged into two registered locations (Girlington Health Centre and Allerton Health Centre). There will be one patient list for the two registered locations.

As part of the inspection we visited and inspected all sites and that separate reports have been issued on each of the locations.

Why we carried out this inspection

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

Detailed findings

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 this provider, we reviewed a range of information that we hold about the practice and asked Bradford Districts CCG and NHS England to share what they knew. We also reviewed policies, procedures and other information the practice provided before the inspection.

We reviewed the latest data available to us from the Quality and Outcomes Framework (QOF), the NHS choices website and the national GP patient survey. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We carried out an announced visit on 2 December 2015. During our visit we:

- Spoke with a range of staff, and patients who used the service.
- We observed communication and interaction between patients and staff, both face to face and on the telephone in the confidential area behind reception.
- Observed interactions between patients and the reception staff and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- We met with three members of the PPG.
- We spoke to a member of the nurse practitioner team.

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 and there was an open and transparent approach. Complaints received by the practice were entered onto the system and treated as a significant event if appropriate.

- Staff told us they would inform the practice manager or a GP of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and these were discussed at a number of practice meetings.

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 are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again. The staff told us they would arrange to meet face to face with patients to resolve their complaints if necessary.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a All the doctors were on the GMC register with no restrictions and both nurses were on the NMC register with no restrictions.
- Notices displayed in the waiting room and clinic rooms, advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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. Staff were aware of their responsibilities and where they would position themselves to chaperone effectively. We noted that some staff did not have an appropriate DBS check and the GP told us that they would arrange for these DBS checks as soon as possible.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw cleaning schedules that had been completed and the correct storage of cleaning equipment. The nurse practitioner 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 had been undertaken. We were sent after the inspection a date (11 Jan 2015 date booked) for an external infection control audit. Personal protective equipment including disposable gloves and aprons were available for staff to use.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice staff maintained records to show that refrigerator temperatures were checked regularly and all medication that we checked was found to be in date. We saw that prescription pads were securely stored and they were developing a more effective system to monitor their use.
- We reviewed five personnel staff files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Completed induction packs, CVs, appraisals and training certificates were kept in a separate folder. The practice management team agreed to keep all personnel information in one file for ease of access.

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

Are services safe?

displayed in the staff office. The practice had up to date fire risk assessments, fire training and carried out regular fire drills. The next fire drill was booked for 23 December 2015. Fire extinguishers had been recently checked. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw calibration stickers and PAT testing stickers on equipment and these were all in date. 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.

- 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 we were given examples of how staff would cover for each other or when regular locum staff would be used.
- The practice had CCTV in the waiting area and car park; signs were in place to inform patients and staff of this.

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, there was also an additional call button in the reception area and at numerous locations within the surgery. Staff responded in a timely manner to an alarm activated in the disabled toilet whilst we were there.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also spillage kits, a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. We saw a copy of the plan which was last updated three months ago on the document management system.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The GP's and practice nurses we spoke to could clearly outline the rationale for their approaches to treatment.
- The practice monitored that these guidelines were followed through risk assessments, audits

We saw that information is shared using the document management IT system which also records who has read documents and these were discussed at clinical meetings.

A GP told us that a patient had reduced their blood pressure without medication. Control of diet and exercise and close monitoring by the GP and this system worked effectively for this patient.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 were 97% of the total number of points available, with 5% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- Performance for diabetes related indicators was better than the CCG and national average. Practice 90% CCG 88% National 89%. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 September to 31 March (01/04/2014 to 31/03/2015) was 94% compared to a national average of 94%.

- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. Practice 100% CCG 98% National 98%.
- Performance for mental health related indicators was better than the CCG and national average. Practice 100% CCG 93% National 93%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 98% compared to a national average of 90%.

Clinical audits demonstrated quality improvement.

- We saw audits completed in the last year, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. One member of staff we spoke with told us that they had a review at four weeks, progress was discussed and support given.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals,

Are services effective?

(for example, treatment is effective)

coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had or were booked to have an appraisal in the next 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Protected learning time was offered to all staff on the fourth Wednesday of every month.

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

Staff worked together and with other health, social care services and voluntary services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that clinical meetings took place every week, multi-disciplinary 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice had a range of leaflets available to patients in the waiting area. These included information about social groups that would suit different ages and abilities.

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 77% which is comparable to the national average at 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 92% and five year olds was 90%. Flu vaccination rates for the over 65s were 63%; this is below the national average, and at risk groups 51% which is comparable to national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. One patient told us they had registered with the practice and had been able to see the nurse the same day. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Annual health checks were carried out for people with a learning disability.

Are services effective?

(for example, treatment is effective)

There was a fully equipped gym located in the practice to assist patients in improving their mobility, managing body weight and maintaining a healthy lifestyle. This was available to all patients who were registered with the practice.

The practice had developed a 'Digital (dynamic) Care Plan' system. This enabled selected patients to self-manage their

care and for actionable information and proactive care planning and delivery. A GP told us that a patient had reduced their blood pressure without medication. Control of diet and exercise and close monitoring by the GP and this system worked effectively for this patient.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous, patient and helpful to patients both attending the reception desk or on the telephone. People were treated 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared
- The reception desk had a lowered section to make it more accessible for those who were wheelchair users.

The eight 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. We also spoke with three members of the PPG. One of the members was the president for the council for mosques which enabled the local Asian community to be represented effectively within the practice. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They felt listened to by the practice and their views and ideas were regularly taken on board.

The PPG was involved in the development of the new build surgery and comments made were discussed with the practice management team. The members said that communication was honest and open and the management team regularly attended the meetings. Members of the group had been invited to assess issues such as increasing appointments for patients and to comment on disabled access.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with doctors and nurses. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 80% said the GP gave them enough time during consultation's, compared to the CCG average of 85%, and a national average 87%).
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 95%, national average 95%.
- 92% said the last GP they spoke to was good at treating them with care and concern, CCG average 95%, national average 95%.
- 99% said the last nurse they spoke to was good at treating them with care and concern, compared with a CCG average of 96% and a national average of 97%.
- 88% said they found the receptionists at the practice helpful compared with a CCG average of 83%, and a national average of 87%.

The practice encouraged local people in the area to use its facilities for coffee mornings and access to the practice gymnasium. This enabled the local community to effectively engage with the practice and develop a good relationship.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 slightly lower than local and national averages. For example:

Are services caring?

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%
- 69% said the last GP they saw was good at involving them in decisions about their care compared to a CCG average of 79% and a national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

The practice had developed a 'Digital (dynamic) Care Plan' system. This enabled selected patients to self-manage their care. This system supported actionable information and proactive care planning and delivery. A GP told us that a

patient had reduced their blood pressure without medication. Control of diet and exercise and close monitoring via the GP and effective use of this system worked for this patient.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations, including notices encouraging people to become more involved in their local community.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

We were informed that advice and support to cope with bereavement was available from practice staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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. For example Gold Standard Palliative care meetings involving the district nursing team and Macmillan Nurses were regularly held. Common Assessment Framework (CAF) meetings were also held to identify and support vulnerable and at risk children.

- The practice offered extended opening hours on a Saturday between 8am and 11am.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The practice had a lift to enable easy access for less mobile patients and parents of young children. Toys were available in several areas for younger children.
- The practice offered minor surgery including joint injections
- Text messaging services were used to remind patients about appointments.
- A fully equipped gym was available for all staff & patients

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Appointments were from 8:30am to 11:20am daily with later appointments until 5.40pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages. The practice acknowledged that this was an issue and discussed plans with us as to how this could be remedied in the future. People told us on the day that they were able to get appointments when they needed them.

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 76%.
- 51% of patients said they could get through easily to the surgery by phone, CCG 62% and the national average of 73%
- 60% patients described their experience of making an appointment as good (CCG average 64%, national average 73%.
- 70% patients said they usually waited 15 minutes or less after their appointment time which was higher than the CCG average of 66% and a national average of 65%).

The practice recognises that access continues to be an issue. The practice has taken several steps to address this including:

- Extending surgery times during busy periods.
- Ensuring all 'request to be seen' are triaged to be seen, managed by telephone or referred to 'Pharmacy First' for advice on minor illness.
- Late evening appointments/telephone consultation via the Saturday morning surgery

The practice is working with the PPG and making adjustments to the practice opening hours as per patient requirements and practice capacity.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all
- We saw that information was available to help patients understand the complaints system

The practice had an effective complaints system which was supported by a lead clinician who was the Parliamentary & Health Service Ombudsman representative.

We looked at complaints received in the last 12 months and that these were satisfactorily handled and dealt with in a timely way. Staff discussed concerns and complaints in clinical meetings and the Complaints policy was in place

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

and readily available. Staff were aware of their responsibilities with regards to handling patient

complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, more staff at reception during mornings and other busier times.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients and staff knew and understood the values. The practice had a robust strategy and forward thinking business plans which reflected the vision and values and were regularly monitored and discussed. We were told that the practice has an effective clinical team which reduces referrals to other services.

The practice clearly demonstrated a response to local and national initiatives and worked closely with three other practices. The practice stated they were involved in a federation with other GP practices in the area.

Governance arrangements

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

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

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. Staff told us that they could discuss improvements and their own ideas were welcomed by the practice management team.

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. Staff felt supported in their work and said they would feel comfortable in approaching the partners regarding any issues or concerns.

When there were unexpected or unintended safety incidents:

- The practice provided appropriate support to patients, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

Being open and honest with patients appeared to be embedded ethos at this practice.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All 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.
- Staff were supported to train to develop new skills and competencies and the practice is a teaching practice for medical and nursing staff. The partners had close links with the local university.
- We saw evidence of annual appraisals for staff.

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.

- It had gathered feedback from patients through the PPG, and through surveys and complaints received.

Are services well-led?

Good 

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

There was an active PPG, which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example development of the new premises involved the PPG members.

- The PPG and patients had worked together to allow the practice premises to be used for Coffee Mornings. A recent survey showed 88% of patients found the practice helpful.
- One of the members was the president for the council for mosques which enabled the large local Asian community to be represented effectively within the practice.

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. The practice took part in external peer review with other practices in the CCG.

The practice offered a reflective teaching and learning environment for all staff, employees and students from the Leeds Medical School.

The practice had participated with the Healthy Hearts campaign and won the General Practice Team of the year award 2015.

The practice was a pilot site for NHS England to develop the accessible information standard. This tells organisations how they should ensure that disabled patients receive information in formats that they can understand.