

The Light

Quality Report

Balcony Level
The Light
The Headrow
Leeds
LS1 8TL

Tel: 0113 242 7425

Website: www.onemedicare-thelight.co.uk

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Light Surgery on 19 January 2016. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

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

- There was an open and transparent approach to safety and an effective system was in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.

- The practice had good facilities and was well equipped to treat and meet the needs of patients.
- The practice sought patient views how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff were supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of practice where the practice should make improvements:

- Ensure that all clinical waste bags are securely tied and labelled to ensure no clinical waste spillage prior to collection from the appropriate authority.

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.

- Risks to patients were assessed and well managed.
- There was a system in place for reporting and recording significant events.
- There was a nominated lead for safeguarding children and adults and systems, processes and practices were in place to keep patients and staff safeguarded from abuse.
- There were processes in place for safe medicines management, which included emergency medicines.
- The practice was clean and infection prevention and control (IPC) audits were carried out. We noted some issues with management of clinical waste on the day of our inspection; however steps were taken to rectify these immediately after the inspection.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were above average in the majority of areas compared to both local and national figures.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. This involved working with the community matron, district nursing and health visiting teams.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP patient survey showed that patients rated the practice lower than others. However, the patients we spoke with and comments we received were all very positive about the care and service the practice provided. They told us they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We observed a patient-centred culture and that staff treated patients with kindness, dignity, respect and compassion.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds North Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was in the process of implementing the Year of Care Initiative. This initiative was aimed at encouraging patients with long term conditions to understand their condition and select their own personal health and lifestyle targets.
- Comments cards we received and patients we spoke with said they found it easy to make an appointment.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff. Learning from complaints was also shared with stakeholders.
- The practice had a higher than average proportion of patients who were students and working age people. In response to this they had implemented a new telephone line to enable patients to book and cancel appointments, via an automated system, 24 hours a day.
- The practice also had a two way text messaging system, enabling appointment reminders to be sent to patients and giving patients the option to book, change or cancel an appointment by text.
- The practice provided free WiFi for patients to access in the waiting area as a result of patient feedback.
- The practice was in the process of piloting Skype consultations at the time of our inspection and we were able to review positive feedback from a patient regarding their experience.
- The practice had a dedicated patient advisor who was available to provide support and advice to patients attending the practice. For example; they signposted patients to counselling services, exercise groups or debt management services.

Good



Are services well-led?

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

Good



Summary of findings

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were governance arrangements which included monitoring and improving quality, identification of risk, policies and procedures to minimise risk and support delivery of quality care.
- The provider was aware of and complied with the requirements of the Duty of Candour. This is a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. The partners encouraged a culture of openness and honesty.
- There were systems in place for being aware of notifiable safety incidents and sharing information with staff to ensure appropriate action was taken
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of patient surveys, an in-house question of the month, the NHS Friends and Family Test and the patient participation group.
- The provider had introduced a centralised hub to support the administrative and clinical roles at the practice.
- Staff informed us they felt very supported by the GPs and management.

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 provided proactive, responsive and personalised care to meet the needs of the older people in its population.
- Home visits and urgent appointments were available for those patients with enhanced needs; alternatively the practice would refer to the community matron for ongoing complex care.
- The practice had regular multidisciplinary (MDT) meetings which included representatives from the palliative care team, the District Nursing team and Community Matron.
- All patients had a named GP and, where needed, individual care plans were in place.
- The practice supported Leeds North Clinical Commissioning Group (CCG) initiatives to reduce the rate of elderly patients' acute admission to hospital.

Good



People with long term conditions

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

- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- The practice was in the process of implementing the Year of Care programme. An initiative aimed to encourage patients with long term conditions to understand their condition and select their own personal health and lifestyle targets.
- All patients were invited for annual reviews to ensure safe and effective management of prescribed medication.
- The practice had regular Asthma and Diabetes clinics and worked with the locality based diabetes nurse support team.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. All children who required an urgent appointment were seen on the same day as requested.
- The practice worked with midwives, health visitors and school nurses to support the needs of this population group.
- The practice had extended the family planning service to offer contraceptive implants.
- The practice provided free WiFi for patients to access in the waiting area as a result of patient feedback.

Working age people (including those recently retired and students)

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

- The needs of these patients had been identified and the practice and the services it offered were accessible, flexible and offered continuity of care.
- The practice was proactive in offering the option to book appointments online as well as a full range of health promotion and screening that reflected the needs for this age group. For example, cervical screening and annual health checks.
- The practice participated in the electronic prescribing scheme which enabled patients to obtain their medication near their workplace rather than near their home.
- The practice had a higher than average proportion of patients who were students and working age people and in response to this had implemented a new telephone line to enable patients to book and cancel appointments, via an automated system, 24 hours a day.
- The practice also had a two way text messaging system, enabling appointment reminders to be sent to patients and giving patients the option to book, change or cancel an appointment by text.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances and regularly worked with multidisciplinary teams in the case management of this population group.
- Information was provided on how to access various local support groups and voluntary organisations.
- Longer appointments were available for patients as needed.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held a register of the 2% of patients who were vulnerable or housebound and at risk of an unplanned hospital admission and had care plans in place for these patients.
- The practice had a Support and Advice hub which provided patients information about other service. They also had a dedicated patient advisor who worked with patients to provide emotional and social support.

People experiencing poor mental health (including people with dementia)

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

- The practice worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team. Patients and/or their carer were given information on how to access various support groups and voluntary organisations, such as Carers Leeds.
- 100% of patients diagnosed with dementia had received a face to face review of their care in the last 12 months, which was better than the local and national averages
- 100% of patients who had a severe mental health problem had received an annual review in the past 12 months and had a comprehensive, agreed care plan documented in their record. This was significantly higher than both the local (90%) and national (88%).
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was performing above average compared to local and national averages. There were 463 survey forms distributed and 49 were returned. This was a response rate of 10.6% which represented less than 1% of the practice's patient list.

- 87% found it easy to get through to this surgery by phone (CCG average 79%, national average 73%).
- 75% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 77% described the overall experience of their GP surgery as good (CCG average 87%, national average 85%).

- 78% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received 28 comment cards, all of which were very positive, many using the word 'fantastic' to describe the service and care they had received. However, three cards also contained negative comments regarding accessing appointments.

During the inspection we spoke with three patients who were positive about the practice. We also spoke with a member of the patient participation group who informed us how the practice engaged with them. Their views and comments were also positive.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that all clinical waste bags are securely tied and labelled to ensure no clinical waste spillage prior to collection from the appropriate authority.

The Light

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Light

One Medicare Limited at The Light is located in Leeds City Centre. The practice is part of Leeds North Clinical Commissioning Group.

The practice is located on the balcony level of a shopping complex and is split across three levels. All clinical services are provided from the lower level and first floor, with administrative functions being located on the first floor

The practice has good working relationships with local health, social and third sector services to support provision of care for its patients.

The practice serves a population of approximately 12,500 patients and the service is provided by a private provider, One Medicare Ltd. Operating from The Light there are five salaried GPs (four male and one female). The GPs are supported by two Advanced Nurse Practitioners, three Practice Nurses and a Health Care Assistant. The clinical team are supported by an operations manager and experienced team of administrative and secretarial staff.

The practice is open from 8am to 6.30pm on Monday, Wednesday and Fridays. From 7am to 8pm on Tuesday and Thursdays and from 9am to 1pm on Saturdays.

When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

Alternative Personal Medical Services (APMS) are provided under a contract with NHS England.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Leeds North Clinical Commissioning Group (CCG), to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results available at that time (July 2015). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

Detailed findings

We carried out an announced inspection on 19 January 2016. During our visit we:

- Spoke with a range of staff, which included a the lead GP, two salaried GPs, the Advanced Nurse Practitioner, the office manager, a receptionist and two members of the administrative team.
- Spoke with patients who were all positive about the practice.
- Reviewed comment cards where patients and members of the public shared their views. All comments received were very positive about the staff and the service they received, however some also contained negative comments about accessing appointments.
- Observed in the reception area how patients/carers/ family members were being treated and communicated with.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- The practice used an electronic system to report incidents and significant events.
- All staff were encouraged to report incidents and significant events, which could be done anonymously if required.
- The reception and administrative staff we spoke with told us they would inform the office manager or GP if any incidents occurred and any incidents would then be reported onto the electronic system.
- All incident reports were reviewed by the Registered Manager for the location and Clinical Director of One Medicare Ltd. They were then discussed with the relevant person within the practice to decide on actions to be taken and lessons learned.
- The practice had in-house meetings where incidents and significant events were discussed and these were also reviewed at One Medicare Ltd group wide clinical governance 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. For example, the practice had identified a delay in responding to a request for a private medical report from a solicitor. Following investigation the provider found this to be due to the GP's workload and as a result of the incident had allocated one half day a week to the GP to catch up on paperwork.

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

Overview of safety systems and processes

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

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children

and vulnerable adults from abuse. Policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had a dedicated GP who acted in the capacity of safeguarding lead. They attended the safeguarding conferences and meetings as required and provided feedback to the practice accordingly.

- The GP we spoke with informed us they had good links with the Health Visitors and would discuss any concerns regarding vulnerable children with them.
- Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. There were also notices available in each of the clinical rooms. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw up to date cleaning schedules in place and evidence of weekly audits conducted by the practice to ensure all cleaning tasks undertaken by the contract cleaners were carried out appropriately. However, when we looked at the area where clinical waste was stored for collection we saw the bags were not appropriately fastened to ensure waste did not spill out and these were not labelled with the practices details. We discussed this with the provider at the time of our inspection and were provided with information following the inspection that the process had been changed and would be monitored daily.
- The Advanced Nurse Practitioner was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. We saw evidence that quarterly IPC audits had taken place and action was taken to address any improvements identified as a result.

Are services safe?

- There were arrangements in place for managing medicines, including emergency drugs and vaccinations, to keep patients safe. These included obtaining, prescribing, recording, handling, storage and security. Prescription pads were securely stored and there were systems in place to monitor their use. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Patient Group Directions, in line with legislation, had been adopted by the practice to allow nurses to administer medicines. The practice also had a system for the production of Patient Specific Directions to enable health care assistants to administer vaccinations.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken, for example proof of identification, qualifications, references and DBS checks.

Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. The practice also had other risk assessments in place to monitor safety of the premises such as health and safety and legionella.

We were able to review records to confirm all clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order.

There were arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure there was enough staff on duty.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. We saw:

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- A training schedule showed all staff were up to date with basic life support training.
- There was emergency equipment available, such as a defibrillator and oxygen, which had pads and masks suitable for both children and adults.
- Emergency medicines were stored in a secure area which was easily accessible for staff. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice 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 practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results (2014/15) were 95% of the total number of points available, with 28% exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The high exception reporting is believed to be due to the fact that the practice has a disproportionately high number of younger people and the practice list is transient. This practice was not an outlier for any QOF or other national clinical targets. Data showed:

- 100% of patients diagnosed with dementia have received a face to face review in the preceding 12 months, compared to the CCG (81%) and national (77%) average.
- The percentage of patients with asthma, on the register, who had received an asthma review in the preceding 12 months, was 94%, compared to the CCG (75%) and national (75%) average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a

comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 100%, compared to the CCG (89%) and national (88%) average.

The practice had introduced a system to ensure patients with more than one long term condition could attend the practice for one review. At the time of our inspection this was being improved to recall patients on the month of their birthday.

The practice liaised closely with community based nursing staff to ensure that patients who had difficulty getting to the surgery had their healthcare needs met.

Administrative staff within the practice were undertaking read coding and summarising training to ensure that record keeping was accurate and patients with a long term condition could be easily identified.

The practice was participating in the year of care initiative and had adopted this model across all long term conditions. This initiative aimed to encourage patients with long term conditions to work with the practice to understand their condition and select their own personal targets.

All patients were invited for annual medication reviews to ensure effective and safe management. The practice was also involved in the CCG medicines management scheme and reviewed amber drug monitoring on a quarterly basis.

Clinical audits demonstrated quality improvement:

- The practice actively audited its clinical work and carried out regular medication audits.
- The practice participated in 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. Evidence we reviewed showed:

- Staff had received mandatory training that included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics.

Are services effective?

(for example, treatment is effective)

- Individual training and development needs had been identified through the use of appraisals, meetings and reviews of practice development needs. Staff had access to in house and external training and e-learning. All staff had received an appraisal in the previous 12 months.
- Staff told us they were supported by the practice to undertake any training and development.

Coordinating patient care and information sharing

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

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, such as when they were referred or after a hospital discharge. We saw evidence multidisciplinary team (MDT) meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005. Patients' consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, the GP or nurse assessed this and, where appropriate, recorded the outcome of the assessment.

When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as Gillick competency. This is used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Supporting patients to live healthier lives

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

- who were in the last 12 months of their lives
- at risk of developing a long term condition
- required healthy lifestyle advice, such as dietary, smoking and alcohol cessation
- who acted in the capacity of a carer and may have required additional support

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer.

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

The practice utilised the patient information boards, which were located in the reception area, and this contained details of how to complain, how to request a chaperone and details of other services.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that:

- Members of staff were courteous and helpful to patients and treated them with dignity and respect.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations and that we could not hear any conversations that may have been taking place.

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

- 86% said the GP was good at listening to them (CCG average 91%, national average 89%).
- 82% said the GP gave them enough time (CCG average 88%, national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 88% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

All of the 28 patient Care Quality Commission 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.

During the inspection we spoke with three patients who were positive about the practice. One of the patients was also a member of the patient participation group and they informed us how the practice engaged with them. Their views and comments were also positive.

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:

- 80% said the last GP they saw was good at explaining tests and treatments (CCG average 87%, national average 86%).
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 81%).

Staff told us that interpretation services were available for patients who did not have English as a first language.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the NHS England Area Team and Leeds North Clinical Commissioning Group (CCG) to review the needs of its local population and to secure improvements to services where these were identified. For example the provider was providing dermatology and minor surgery services in the community.

- The practice had a higher than average proportion of patients who were students and working age people and in response to this had implemented a new telephone line to enable patients to book and cancel appointments, via an automated system, 24 hours a day.
- The practice also had a two way text messaging system, enabling appointment reminders to be sent to patients and giving patients the option to book, change or cancel an appointment by text.
- The practice provided free WiFi for patients to access in the waiting area as a result of patient feedback.
- The practice was in the process of piloting Skype consultations at the time of our inspection and we were able to review positive feedback from a patient regarding their experience.
- The practice had expanded the family planning service to offer contraceptive implants.
- There were longer appointments available for people with a learning disability.
- Home visits were available for patients who could not physically access the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and a hearing loop in place.
- Interpreter services were available for patients who did not have English as a first language.

We spoke with the patient advisor at the practice who told us how they responded to patients social needs by taking the time to sit with patients following appointments. The advisor could signpost patients to other services such as counselling, debt management and health living.

Access to the service

The practice opened from 8am to 6.30pm on Monday, Wednesday and Fridays. From 7am to 8pm on Tuesday and Thursdays and from 9am to 1pm on Saturdays.

The reception desk operated from 8am to 6pm so patients wanting to book appointments or order repeat prescriptions outside of these times were required to use the automated service.

The practice offered drop in clinics on Monday, Wednesday and Friday mornings from 8.30am until 10.30pm.

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.

- 94% of patients said the last appointment they got was convenient (CCG average 92%, national average 92%)
- 87% of patients said they could get through easily to the surgery by phone (CCG average 79%, national average 74%).
- 67% of patients described their experience of making an appointment as good (CCG average 77%, national average 73%)

Patients we spoke with on the day of inspection told us they were 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.
- There was information displayed in the waiting area to help patients understand the complaints system.
- There was a designated responsible person who handled all complaints in the practice.
- The practice kept a register for all written complaints.

We looked at nine complaints received in the last 12 months. We found they had been appropriately handled and had identified any actions. Lessons were learnt and action was taken to improve quality of care as a result.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. There was a mission statement in place which identified the practice values. All the staff we spoke with knew and understood the practice vision and values. There was a robust strategy and supporting business plans in place which were regularly monitored.

The practice were in the process of implementing a centralised hub which would host GPs, Advanced Nurse Practitioners and also carry out administrative tasks such as read coding and recalls.

Governance arrangements

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

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

Leadership and culture

The management team in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The provision of safe, high quality and compassionate care was a priority for the practice.

The provider was aware of and complied with the requirements of the Duty of Candour. Duty of Candour means health care professionals must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm. There was a culture of openness and honesty in the practice. There were systems in place for being aware of notifiable safety incidents. We were informed that when there were unexpected or unintended safety incidents, patients affected were given reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place. Staff told us the management team were visible, approachable and took the time to listen. Systems were in place to encourage and support staff to identify opportunities to improve service delivery and raise concerns.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients through the patient participation group (PPG), patient surveys, the NHS Friend and Family Test.

In addition, the practice had also introduced a system called 'question of the month' when a question would be asked of all patients and the practice would act upon the findings. For example; the practice had recently provided free WiFi for patients as a result of feedback from this.

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

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local and national schemes to improve outcomes for patients in the area.