

Guisseley and Yeadon Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



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 Guiseley and Yeadon Medical Practice on 23 November 2016. Overall the practice is rated as good.

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Carry out full investigations as a result of incidents and significant events and make sure that any learning from these is clearly documented and shared with all relevant staff.

The areas where the provider should make improvements are:

- Review and follow the practice's recruitment policy when appointing new members of staff into roles at the practice. Accurate records should be kept with regard to references requests made and received by the practice for new members of staff.

Summary of findings

- Deliver the timetable in place for staff appraisals in order to improve the support provided to staff to carry out their duties.

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 requires improvement for providing safe services.

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough with relevant staff to support improvement. Patients did not always receive a verbal and written apology as a result of these incidents and events.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- The practice had a recruitment policy in place; however one of the staff files we reviewed during the inspection did not contain references. Although these had been requested, they had not been followed up to ensure the person was of good character.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the local and national averages.
- 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. However; there was no evidence that appraisals and personal development plans had been undertaken for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- We noted some concerns around patient confidentiality. For example; there were trays in the reception area which contained patient identifiable information and some meeting minutes also contained patient identifiable information. We discussed this with the practice during our inspection and as a result were advised that the tray would be locked away on an evening and that the minutes would be amended to ensure patients could not be identified.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example; the practice worked with three other practices to provide an extended hours 'hub' service from 5pm until 8pm on weekdays and 8am to 4pm on weekends and Bank Holidays. This service was run from Yeadon Health Centre.
- The practice had responded to feedback from patients regarding difficulties accessing appointments and had introduced a walk in clinic every morning to improve this. The majority of comment cards we received indicated that patients were happy with this service.
- 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and

Summary of findings

procedures to govern activity and held regular governance meetings. However; the meetings were not always formally minuted which could result in information being missed by any staff members not in attendance.

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. However; we saw that in some cases the learning and improvement from incidents was not always documented, thoroughly analysed and shared with others.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- All staff had received inductions, but not all staff had received regular appraisals or performance reviews or had attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The Advanced Nurse Practitioner at the practice also acted in the role of Clinical Care Co-ordinator and as part of this work delivered acute home visits to housebound patients and where necessary facilitated emergency admissions via a direct line to secondary care.
- The practice worked in conjunction with three local practices to employ three additional clinical care co-ordinators. The clinical care co-ordinators worked with patients to ensure proactive management plans were in place and identify patients at risk of hospital admission.
-

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice was involved in the World Chronic Obstructive Pulmonary Disease (COPD) day. This event was aimed at raising awareness of disease prevention and encouraging self-care and patient empowerment for those patients living the COPD.
- Performance against diabetes related indicators was better than the CCG and national averages. For example; 95% of patients with diabetes, on the register, had a record of a foot examination and risk classification. This was better than the CCG average of 88% and national average of 89%.
- 100% of patients newly diagnosed with diabetes, on the register, had a record of being referred to a structured education programme within 9 months after entry onto the diabetes register. This was better than the CCG average of 89% and national average of 92%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice was involved in the avoiding unplanned admissions scheme which identified the 2% of the patient list who were most at risk of unplanned hospital admission and ensured care plans and interventions were in place to reduce this risk.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 84%, which was better than the CCG average of 79% and the national average of 81%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

- The needs of 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 worked with three other local practices to provide an extended hours hub. This service operated from 5pm until 8pm Monday to Friday and from 8am until 4pm on weekends.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice hosted and supported abdominal aortic aneurysm (AAA) screening. AAA screening is a way of detecting a dangerous swelling of the aorta.

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 patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- All patients had a structured management plan provided by the clinical care co-ordinators and regular reviews were carried out to ensure this remained relevant and up to date.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had a priority phone line which was available to patients and their carers. This ensured same day telephone access to a GP.
- The practice held monthly multidisciplinary team meetings to discuss palliative care patients, safeguarding issues and other vulnerable patients.
- All palliative care patients were allocated a named GP to ensure continuity of care.
- 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.

Good



People experiencing poor mental health (including people with dementia)

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

- 93% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 87% and national average of 84%.

Good



Summary of findings

- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was better than the CCG average of 85% and national average of 89%.
- 98% of patient with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months. This was better than the CCG average of 88% and national average of 89%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages in the majority of areas. A total of 233 survey forms were distributed and 111 (48%) were returned. This represented less than 1% of the practice's patient population.

- 74% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.

- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards, the majority of which were positive about the standard of care received. However; four comment cards contained mixed feedback regarding the practice and raised issues around accessing appointments and lack of services at the Guiseley branch site. One comment card contained less positive comments regarding clinical care.

We spoke with one patient during the inspection. They told us they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Carry out full investigations as a result of incidents and significant events and make sure that any learning from these is clearly documented and shared with all relevant staff.

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Review and follow the practice's recruitment policy when appointing new members of staff into roles at the practice. Accurate records should be kept with regard to references requests made and received by the practice for new members of staff.
- Deliver the timetable in place for staff appraisals in order to improve the support provided to staff to carry out their duties.

Guiseley and Yeadon Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Guiseley and Yeadon Medical Practice

Guiseley and Yeadon Medical Practice is located in Yeadon Health Centre, South View Road, Yeadon, Leeds, West Yorkshire, LS19 7PS. The practice also has a branch site, Netherfield Road Surgery which is located at 10 Netherfield Road, Guiseley, LS20 9HE. We based the main inspection at Yeadon Health Centre; however we also visited the Netherfield Road Surgery as part of our inspection.

The practice is situated within the Leeds West Clinical Commissioning Group (CCG) and is registered with the Care Quality Commission (CQC) to provide primary medical services under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice serves a population of approximately 11,424 patients and is classed as being in one of the lesser deprived areas of Leeds.

Both sites are open from 8am until 6.30pm Monday to Friday, appointments were available from 8.10am until

5.45pm daily. The practice also worked with three other local practices to provide an extended hours hub service from 5pm until 8pm Monday to Friday and from 8am until 4pm on Saturday and Sunday.

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.

At the time of our inspection, the service was registered with the Care Quality Commission as a partnership with two GP partners (one male and one female); however the provider was in the process of adding an additional two female partners to this registration.

The partners are supported by four salaried GPs (two male and two female), an advanced nurse practitioner, four practice nurses, a health care assistant and a phlebotomist. There was an experienced team of administrative and reception staff working alongside the clinical team.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 November 2016. During our visit we:

- Spoke with a range of staff including GPs, the lead practice nurse, the practice manager, the administration manager and the reception manager.
- We received feedback from administrative and reception staff via questionnaires.
- We spoke with one patient who was also a member of the patient participation group (PPG)
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework 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

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe at all times.
- The practice had a recruitment policy in place; however one of the staff files we reviewed during the inspection did not contain references. Although these had been requested, they had not been followed up to ensure the person was of good character.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to other relevant staff to support improvement. Patients involved in these incidents and events did not always receive a verbal and written apology.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings. We saw no evidence that learning from incidents and significant events had been documented in these minutes or discussed and shared with relevant staff members.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties 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 (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead and they liaised with the local IPC team to keep up to date with best practice. At the time of inspection the IPC lead had not received up to date training; however we received confirmation from the practice following the inspection that this had been undertaken. There was an IPC protocol in place and annual IPC audits were undertaken. We saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored at Guiseley and Yeadon Medical Practice and there were systems in place to monitor their use. However; we saw that prescription pads were stored on top of the reception desk at the Netherfield Road Surgery and there was no system in place to keep a record of the numbers to monitor usage. We received confirmation from the practice following our inspection that these issues had been addressed.
- Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions.

Are services safe?

- The Health Care Assistant was trained to administer vaccines and medicines against a patient specific direction (PSD). A PSD is an instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by a prescriber.
- We reviewed three personnel files and found that most of the required recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However; one of the files we reviewed had not received responses to the reference requests. We received information from the practice following our inspection that a new recruitment process had been adopted by the practice which included a specific checklist to ensure all relevant documentation was received prior to the start date, and a dedicated recruitment administrator had been identified to oversee the process.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had an up to date fire risk assessment and had carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to

monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).

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

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.
- All staff received annual basic life support training and there were 'grab' packs in place containing emergency medicines for specific problems. For example; chest pain, paediatric asthma and to support home visits.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 stored securely. There was a process in place to check expiry dates and stock levels on a monthly basis.
- 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 patients' 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 showed the practice had achieved 99% of the total number of points available (CCG average 96% and national average 95%) with 10% clinical exception reporting (CCG average and national average 9%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was better than the CCG and national averages. For example; 95% of patients with diabetes, on the register had a record of a foot examination and risk clarification. Compared to the CCG and national averages of 88% average of 89% and national average of 88%
 - 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months. This was better than the CCG average of 88% and national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, one of these was a completed two cycle audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had undertaken an audit looking at the use of tamoxifen (a medication that is used to prevent and treat breast cancer in women). The practice wanted to ensure that women prescribed the drug were not taking the medication for longer than five years. The first audit was carried out in January 2016 and identified three patients who had used the medication for over five years. As a result of the audit, the practice contacted the patients to discuss this extended usage. A re-audit was carried out in October 2016 and the practice found that there were no patients who had been prescribed tamoxifen for five years or longer.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

Are services effective?

(for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. However; we were unable to see evidence of staff having received an appraisal within the last 12 months. We spoke with the reception and administration manager who told us this had been due to staffing pressures over the previous year and that appraisals were scheduled to take place in January 2017.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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 (MCA) 2005.
- All staff had received MCA training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and weight, smoking cessation and alcohol consumption. Patients were either offered support within the practice or signposted/referred to the relevant externally provided service.
- The practice were involved in the World COPD day which aimed to promote disease prevention and encourage self-care and patient empowerment for those patients living with COPD.
- The practice worked closely with mental health colleagues and referred into other services such as community mental health, psychiatrists and memory support workers.

The practice's uptake for the cervical screening programme was 84%, which was better than the CCG average of 79% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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 local CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 97% (CCG average 94% and national average 88%) and five year olds from 93% to 98% (CCG average 96% and national average 89%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 18 comment cards, the majority of which were positive about the standard of care received. However; four comment cards contained mixed feedback regarding the practice and raised issues around accessing appointments and lack of services at the Guiseley branch site. One comment card contained less positive comments regarding clinical care.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 had a varied performance for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

The practice had drawn up an action plan to address issues raised via NHS Choices, the national patient survey and complaints.

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 from the comment cards we received was also mainly positive and aligned with these views. We also saw that care plans were personalised.

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:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation and interpretation 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.
- Some information leaflets were available to patients were in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 137 patients as carers (over 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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;

- The practice worked with three other practices to provide an extended hours 'hub' service from 5pm until 8pm on weekdays and 8am to 4pm on weekends and Bank Holidays.
- There were longer appointments available for patients with a learning disability or when there was clinical need.
- Home visits were available for older patients and patients who had issues which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had responded to feedback from patients regarding difficulties accessing appointments and had introduced a walk in clinic every morning to improve this. The majority of comment cards we received indicated that patients were happy with this service.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The Advanced Nurse Practitioner at the practice also acted in the role of Clinical Care Co-ordinator, in this role they offered acute home visits to housebound patients and where necessary facilitated emergency admissions via a direct line to secondary care.
- The practice also worked in conjunction with three local practices and employed three additional clinical care co-ordinators. The clinical care co-ordinators worked with patients to ensure proactive management plans were in place and identify patients at risk of hospital admission.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.10am until 5.45pm daily. The practice also worked with three other local

practices to provide an extended hour's hub service from 5pm until 8pm Monday to Friday and from 8am until 4pm on weekends. In addition to pre-bookable appointments that could be booked up to four 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 comparable to local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and national average of 76%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and national average of 73%.

We spoke with one person on the day of our inspection who told us they were able to get appointments when they needed them. The majority of comment cards we received also gave this view.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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 complaints in the practice.

We saw that information was available to help patients understand the complaints system and a leaflet was available to support patients when making a complaint.

- The practice had received 18 complaints in the last 12 months. We looked at two complaints received in the

Are services responsive to people's needs?

(for example, to feedback?)

last 12 months and found these were handled appropriately, dealt with in a timely way showing openness and transparency when dealing with the complaint.

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.

- The practice had a mission statement which had all staff had been involved in developing.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and the practice had drawn up an action plan to address issues raised via NHS Choices, the national patient survey and complaints.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing some risks, however the significant event process required improvement to ensure lessons learned were identified and communicated to all staff.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology in response to complaints.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings; however these were not formally minuted. We discussed this with the partners during our inspection and were advised that a system would be put in place to improve this situation with immediate effect.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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.
- All staff working at the practice received an additional days' holiday on their birthday by way of recognition for the support they provided to the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had introduced later appointments at Netherfield Road Surgery as a result of feedback from the group.

Are services well-led?

Good 

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

- Staff told us they could not hesitate to give feedback and discuss any concerns with colleagues and management.
- Staff told us they felt engaged to improve how the practice was run.

Continuous improvement

There was a 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. For example; the practice were involved in the World COPD day which aimed to promote disease prevention and encourage self-care and patient empowerment for those patients living with COPD. The practice also worked with three other local practices to provide additional services such as clinical care co-ordinators and providing an extended hours hub service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users. The provider was not doing all that was reasonably practicable to mitigate the risks of service users receiving care and treatment. Specifically, there was no evidence of lessons learned from significant events and incidents and no evidence of any learning from these being shared with relevant practice staff. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	