

# The Family Doctors

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Family Doctors on 26 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.

- Patients were positive about access to the service. They said they found it easy to make an appointment, there was continuity of care and urgent appointments were available on the same day as requested.
- 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 reference 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 areas of outstanding practice:

# Summary of findings

- The practice had good links with the local community. They had undertaken a coffee morning to focus on raising awareness of dementia and actively engaged with local groups in providing additional support for patients.
- The GP and nursing staff did 'pop in' home visits for patients who they may have had concerns about or were vulnerable, to ensure they were safe and receiving the care and support they needed.

However, there was one area of practice where the provider should make improvements:

- Maintain a record of all portable appliances which require testing and/or calibration to ensure all equipment is tested in line with health and safety guidance.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- 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 who looked at the reporting mechanisms, safety issues and where improvements could be made in patient safety and experience. Lessons were shared to ensure action was taken to improve safety in the practice.
- There was a nominated lead for safeguarding children and adults 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.
- We checked a sample of portable appliances and equipment and saw they had been tested and/or calibrated, however some had different dates and the practice did not keep a record to ensure all equipment had been tested.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average 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, for example, the community matron, district nursing and health visiting teams.
- The practice utilised the patient information boards in the reception area and had monthly themes throughout the year, for example dementia awareness and healthy lifestyle information.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the National GP patient survey showed that patients rated the practice higher than others. Patients we spoke with and comments we received were all extremely 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.
- 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.
- We were informed that clinicians would do 'pop in' home visits on any patients they had concerns about, to ensure they were safe and receiving the care and support they needed.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds South and East Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the Winter Pressures Scheme.
- National GP patient survey responses and patients we spoke with said they found it easy to make an appointment.
- All urgent care patients were seen on the same day as requested.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- 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,

Good



# Summary of findings

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, the NHS Friends and Family Test and the patient reference group. For example, with regard to access to the practice by telephone.
- Staff informed us they felt very supported by the GP and practice manager.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice provided proactive, responsive and 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.
- The practice worked closely with other health and social care professionals, such as the district nursing team, to ensure housebound patients received the care they needed.
- Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission.
- Health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.
- The practice could identify those patients who were most at need of care and support.

### People with long term conditions

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

Good



- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. The practice nurses had lead roles in long term conditions management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- The practice delivered care for patients who had diabetes or chronic obstructive pulmonary disease (a disease of the lungs) using an approach called The House of Care model. This approach enabled patients to have a more active part in determining their own care and support needs in partnership with clinicians.
- 100% of newly diagnosed diabetic patients had been referred to a structured education programme in the last 12 months, compared to 87% locally and 90% nationally.
- 81% of patients diagnosed with asthma had received an asthma review in the the last 12 months, compared to 75% locally and nationally.

# Summary of findings

- Patient who required palliative care were provided with support and care as needed, in conjunction with other health care professionals.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (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. For example, ante-natal, post-natal and child health surveillance clinics.
- Immunisation uptake rates were high for all standard childhood immunisations, achieving 100% for many vaccinations.
- Sexual health and contraceptive and cervical screening services were provided at the practice.
- 88% of eligible patients had received cervical screening, compared to 82% both locally and nationally.

Good



## Working age people (including those recently retired and students)

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

- The needs of these patients had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Saturday morning clinics were offered during the Winter Pressure Scheme from November 2015 until the end of March 2016.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected

Good





# Summary of findings

the needs for this age group. For example, cervical screening, early detection of cardio-vascular disease for patients aged 40 and above, and health checks for patients between the ages of 16 and 75 who had not seen a GP in the last three years.

- Meningitis and measles mumps and rubella (MMR) vaccinations were offered to students prior to them commencing university. There were temporary registration facilities for students who lived away during university terms.
- The practice offered a travel vaccination clinic.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances and 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 GP and nursing staff did 'pop in' home visits for patients who they may have had concerns about or were vulnerable.

Good



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

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

- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team. Patients and/or their carer were given information on how to access various support groups and voluntary organisations, such as Carers Leeds.
- 87% of patients diagnosed with dementia had received a face to face review of their care in the last 12 months, which was comparable to the local and national averages

Good



## Summary of findings

- All 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 higher than both the local and national average of 88%.
- The practice had good links with the local community. They had undertaken a coffee morning to focus on raising awareness of dementia and actively engaged with local groups in providing additional support for patients.
- 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 published on 2 July 2015 showed the practice was performing above average compared to local and national averages. There were 246 survey forms distributed and 102 were returned. This was a response rate of 41% which represented 4% of the practice's patient list.

- 88% found it easy to get through to this surgery by phone (CCG average 71%, national average 77%).
- 88% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 95% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 81% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 77%).

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received 20 comment cards, all of which were positive, many using the word 'excellent' to describe the service and care they had received and citing staff as 'going the extra mile'.

During the inspection we spoke with eight patients of mixed age and gender, all of whom were positive about the practice. We also spoke with members of the patient reference group who informed us how the practice engaged with them. Their views and comments were also overwhelmingly positive.

The results of the most recent NHS Friend and Family Test showed that 100% of respondents said they would be extremely likely or likely to recommend The Family Doctors to friends and family if they needed care or treatment.

## Areas for improvement

### Action the service **SHOULD** take to improve

There was one area of practice where the provider should make improvements:

- Maintain a record of all portable appliances which require testing and/or calibration to ensure all equipment is tested in line with health and safety guidance.

## Outstanding practice

We saw areas of outstanding practice:

- The practice had good links with the local community. They had undertaken a coffee morning to focus on raising awareness of dementia and actively engaged with local groups in providing additional support for patients.
- The GP and nursing staff did 'pop in' home visits for patients who they may have had concerns about or were vulnerable, to ensure they were safe and receiving the care and support they needed.

# The Family Doctors

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC PMS (Primary Medical Services) Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

## Background to The Family Doctors

The Family Doctors is situated in Whitkirk about four miles east of Leeds and is part of the Leeds South and East CCG. The practice is located in a small building which is leased. There is a small reception and waiting area which has a low rise reception counter. It is open plan and some conversations could be overheard, although there is a separate room available should it be needed. We were informed of the plans for modernising and redesign of the premises which were due to be completed before the end of March 2016.

The practice is located in one of the lesser deprived areas of Leeds. It has a patient list size of 2,250 with a higher than national average of patients who are over the age of 50. Sixty four per cent of patients have a long standing health condition, compared to 54% nationally. There is a lower than average unemployment rate of 1%, compared to 6% nationally. Ninety nine percent of patients are white British.

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

The practice is open Monday to Friday 8am to 12.30pm and 2pm to 6.30pm, with the exception of Thursday when it is closed from 12 midday. Saturday morning appointments are available from November 2015 to March 2016 under the Winter Pressure Scheme. When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

There is one female GP, who is supported by two regular male locum GPs. The practice is also staffed by one female practice nurse, a female health care assistant, a practice manager, an administrator and a team of experienced administration and reception staff.

General Medical Services (GMS) are provided under a contract with NHS England. The Family Doctors is registered to provide the following regulated activities; maternity and midwifery services, diagnostic and screening procedures and treatment of disease, disorder or injury. They also offer a range of enhanced services such as influenza, pneumococcal and childhood immunisations.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

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

We carried out an announced inspection on 26 January 2016. During our visit we:

- Spoke with a range of staff, which included the lead GP, a GP locum, the practice manager, an administrator, a practice nurse, a health care assistant and two reception/administration staff.
- Spoke with patients who were all extremely positive about the practice.
- Reviewed comment cards where patients and members of the public shared their views. All comments received were positive about the staff and the service they received.
- Observed in the reception area how patients/carers/family members were being treated and communicated with.

- Spoke with members of the patient reference group, who informed us about how the practice positively engaged with them.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice carried out a thorough analysis of the significant events.

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, there had been an instance where a patient had not been referred to another service. This issue had been discussed within the practice and systems changed to prevent it occurring again. All staff had been informed and the locum pack updated to reflect the changes.

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 GP acted in the capacity of safeguarding lead and had been trained to the appropriate level three. They attended the regional safeguarding meeting and fed back to the practice accordingly. 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. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.) All staff who acted as chaperones were trained for the role and had

received a Disclosure and Barring Service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) It was recorded in the patient's records when a chaperone had been in attendance.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw up to date cleaning schedules in place. A practice nurse was the infection prevention and control (IPC) lead who kept up to date with best practice. There was an IPC protocol in place and staff had received up to date training. We saw evidence that an IPC audit had taken place and action was taken to address any improvements identified as a result.
- There were arrangements in place for managing medicines, including emergency drugs and vaccinations, to keep patients safe. These included obtaining, prescribing, recording, handling, storage and security. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Patient Group Directions, in line with legislation, had been adopted by the practice to allow nurses to administer medicines. The practice also had a system for the production of Patient Specific Directions to enable health care assistants to administer vaccinations.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken, including 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 a variety of other risk assessments in place to monitor safety of the premises, such as control of substances hazardous to health and legionella.

## Are services safe?

We were informed all electrical and clinical equipment were regularly tested and calibrated to ensure the equipment was safe to use and in good working order. However, upon checking a random sample of equipment we found there were different dates recorded. The practice did not keep a record of all portable appliances which required testing and/or calibration to ensure all equipment was checked. We were informed the practice would commence keeping their own records, rather than relying on the external agency who performed the testing.

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 matrix 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 and equipment 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) 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 patient needs.

### 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 96% of the total number of points available, with 5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF or other national clinical targets. Data showed:

- 79% of patients with diabetes had a HbA1C result which was within normal parameters, compared to 73% locally and 77% nationally. (HbA1c is a blood test which can help to measure diabetes management.)
- 94% of patients with diabetes had received a foot examination and a risk classification for potential problems, compared to 88% locally and nationally.
- 85% of patients with hypertension had a blood pressure reading which was within normal parameters, compared to 84% locally and 83% nationally.
- 87% of patients with dementia had received a face to face review of their care, compared to 88% locally and 84% nationally.

Clinical audits demonstrated quality improvement:

- We saw three clinical audits which had been completed in the last 12 months. One of these was a completed

audit cycle regarding referral rates. The first cycle had been undertaken in April 2014 and the second cycle in April 2015. This identified where improvements had been 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.

### 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. Staff were also supported to attend role specific training and updates, for example long term conditions management.
- 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.
- All GPs were up to date with their revalidation and appraisals.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to clinical staff in a timely and 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 meetings took place on a monthly basis and that care plans were routinely reviewed and updated.



# Are services effective?

## (for example, treatment is effective)

The practice could evidence how they followed up patients who had attended accident and emergency (A&E), or who had an unplanned hospital admission. Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission

### 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. The uptake rates for cervical screening was 88%, compared to 82% both locally and nationally. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice carried out immunisations in line with the childhood vaccination programme. Uptake rates were comparable to the national averages. For example, children aged 24 months and under ranged from 90% to 100% and for five year olds they ranged from 83% to 100%.

The practice offered seasonal flu vaccinations for eligible patients. The uptake rate for patients aged 65 and over was 83% and 58% for those patients who were in a defined clinical risk group. These were both higher than the national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 16 to 75. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken. In addition, health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.

The practice utilised the patient information boards, which were located in the reception area, and had monthly themes throughout the year, for example dementia awareness and healthy lifestyle information. Patients reported they found these useful and prompted them to ask questions during their consultation with a clinician.

Patients who were concerned regarding memory loss or any dementia-like symptoms were encouraged to make an appointment with a clinician. A recognised dementia identification tool was used with the patient's consent to assess any areas of concern.

The practice had good links with the local community. They had undertaken a coffee morning to focus on raising dementia awareness and actively engaged with local groups in providing additional support for patients.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that:

- Members of staff were courteous and helpful to patients and treated them with dignity and respect.
- There was a private room available should patients in the reception area want to discuss sensitive issues or appeared distressed.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations and that we could not hear any conversations that may have been taking place.

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

- 97% said the GP was good at listening to them (CCG average 87%, national average 89%).
- 95% said the GP gave them enough time (CCG average 85%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 94% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 93% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

All of the 20 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 eight patients of mixed age and gender, all of whom were positive about the practice. We also spoke with members of the patient reference group who informed us how the practice engaged with them. Their views and comments were also overwhelmingly 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 above the local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments (CCG average 85%, national average 86%).
- 93% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 81%).
- 94% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

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

The House of Care model was used with patients who had diabetes or chronic obstructive pulmonary disease (a disease of the lungs). This approach enabled patients to have a more active part in determining their own care and support needs in partnership with clinicians. Individualised care plans for these patients were maintained, which included how to manage an exacerbation and any anticipatory medication which may be required.

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

We saw there were a number of notices in the patient waiting area, informing patients how to access a number of support groups and organisations. The practice had good links with a local dementia awareness agency, who could provide additional support for patients and carers.

The practice had a carers' register and those patients had an alert on their electronic record to notify staff. Carers

## Are services caring?

were offered health checks, influenza vaccinations and signposted to local carers' support groups. There was also written information available to direct carers to various avenues of support.

The GP and nursing staff did 'pop in' home visits for patients who they may have had concerns about or were vulnerable, to ensure they were safe and receiving the care and support they needed.

We were informed that if a patient had experienced a recent bereavement, they would be contacted and support offered as needed.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice engaged with the NHS England Area Team and Leeds South and East Clinical Commissioning Group (CCG) to review the needs of its local population and to secure improvements to services where these were identified. In addition:

- The practice offered extended hours from 7.30am to 8am on Tuesday, Wednesday and Thursday for patients who could not attend during normal opening hours, for example the working age population.
- 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.
- The practice informed us of the plans that were in place for the upgrading of the reception area and a further consulting room. They were aiming for completion of these before the end of March 2016.

### Access to the service

The practice was open between 8am to 12.30pm and 2pm to 6.30pm Monday to Friday, with the exception of Thursday when it is closed from 12 midday. Saturday morning appointments are available from November 2015 to March 2016 under the Winter Pressure Scheme. When the practice was closed out-of-hours services were provided by Local Care Direct, which could be accessed via the surgery telephone number or by calling the NHS 111 service.

Appointments were from 8am to 11am and 3.30pm to 6pm Monday to Friday, with the exception of Thursday when they were 8am to 10.30am and Friday afternoon from 4pm to 6pm.

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

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

- 78% of patients were satisfied with the practice's opening hours (CCG average 74%, national average 75%).
- 88% of patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 86% of patients said they usually get to see their preferred GP (CCG average 56%, national average 60%).

Patients we spoke with on the day of inspection told us they were able to get appointments when they needed them, generally with the GP of their choice.

We saw evidence the practice had developed an action plan arising from the patient survey results. This included how they could improve overall patient satisfaction rates, particularly in relation to access.

### 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.
- All complaints and concerns were discussed at the practice meeting and also raised with staff as appropriate.
- The practice kept a register for all written complaints.

There had been five complaints received in the last 12 months. We found they had been satisfactorily 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.

We were informed of the plans to modernise the reception area and increase the number of consulting rooms. There was a positive ethos amongst the staff and patient reference group about the future development of the practice.

### 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 GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. 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 GP was 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. Regular meetings were held where staff had the opportunity to raise any issues, staff told us felt confident in doing so and were supported if they did. Staff said they felt respected, valued and appreciated.

### 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 reference group (PRG), patient surveys, the NHS Friend and Family Test, complaints and compliments received.

The PRG had quarterly face to face meetings. They were engaged with the practice and made recommendations, which were acted upon. For example, it had been identified that some information may be useful to be displayed in the practice window for people to see as they walked past. The PRG members gave very positive and complimentary comments about the practice.

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. The practice worked with other practices to provide additional services during the winter season.

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.

This section is primarily information for the provider

## Enforcement actions

### 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.