

Newton Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

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 Newton Surgery on 12 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Carry out staff appraisals annually.
- Monitor performance against the infection prevention and control action plan.

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 were systems in place for reporting and recording significant events. Lessons were shared to ensure action was taken to improve safety in the practice. All staff were encouraged and supported to record any incidents using the electronic reporting system.
- There were nominated leads for safeguarding children and adults and processes in place to keep patients and staff safeguarded from abuse. The GPs and nurse at the practice had received level three training.
- We saw posters displaying safeguarding information and contact details, in the consulting and treatment rooms.
- There were systems in place for safe medicines management.
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose.
- The practice was clean and regular infection prevention and control (IPC) audits were carried out. However, we noted the action plan did not set out dates when actions would be completed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the needs of patients and delivered care in line with current evidence based guidance.
- Monthly clinical meetings were held to discuss patient care and complex cases. In addition, discussions regarding patients' care were held between clinicians as needed.
- Staff worked with other health and social care professionals, such as the community matron, district nursing, midwifery and palliative care team to meet the range and complexity of people's needs.
- Clinical audits were undertaken and could demonstrate quality improvement.
- Data from the Quality and Outcomes Framework showed patient outcomes were in line with both local and national figures.

Summary of findings

- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care. For example; the practice were involved in the blood borne virus screening pilot and had been identified as one of the top 12 performing practices in Leeds.

Are services caring?

The practice is rated as good for providing caring services.

Good



- The practice had a patient-centred culture and we observed that staff treated patients with kindness, dignity, respect and compassion.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients we spoke with and comments we received were 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked with Leeds North Clinical Commissioning Group (CCG) and other local practices to review the needs of their population.
- National GP patient survey responses and the majority of comments made by patients 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 also shared with other stakeholders.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions such as cancer and people with dementia.

Summary of findings

- The practice participated in the 'Avoiding Unplanned Admissions' (AUA) scheme which helped reduce avoidable unplanned admissions for vulnerable patients who were at high risk of hospital admission. Dedicated GP led clinics were held to review these patients.
- The practice offered telephone access to a named GP.
- The practice offered abdominal aortic aneurysm (AAA) screening. AAA screening is a way of detecting dangerous swelling of the largest blood vessel in the heart (the aorta).
- A health visitor ran clinics at the practice twice a week to help support children and families.
- The practice was participating in the 'Year of Care' programme. This approach encouraged patients to understand their condition and have a more active part in determining their own care and support needs in partnership with clinicians.

Are services well-led?

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

- 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 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Good



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 practice maintained a register of patients above the age of 75 and offered annual health checks.
- There were dedicated appointments for older people to perform abdominal aortic aneurysm (AAA) screening and formulate care plans.
- The practice were participating in the 'Avoiding Unplanned Admission's Scheme which helped reduce avoidable unplanned admissions for vulnerable patients who are at high risk of hospital admission. Dedicated GP led clinics were held to review these patients.
- Patients were signposted to other services for access to additional support, particularly for those who were isolated or lonely.

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 structured review to check that their health and medicines needs were being met. This review was undertaken on an annual basis or more often when required.
- The practice nurses had lead roles in the management of long term conditions.
- The practice worked closely with the community matron in the management of housebound patients who had complex long term conditions, to ensure they received the care and support they needed.
- Medication reviews were undertaken on a regular basis by the GPs at the practice, with input from the local medicines optimisation pharmacist.
- The practice was participating in the 'Year of Care' programme. This approach encouraged patients to understand their condition and have a more active part in determining their own care and support needs in partnership with clinicians.

Summary of findings

- 94% of patients with diabetes, on the register, had a record of a foot examination and risk classification; CCG average 86%, England average 88%.
- 97% of patient with diabetes, on the register, had received an influenza immunisation in the preceding seven months; CCG average 95%, England average 94%.
- 87% of patients diagnosed with asthma had received an asthma review in the last 12 months; CCG and England averages of 75%.
- 76% of patients with asthma, on the register, had received an asthma review in the preceding 12 months; CCG and England averages 75%.
- The practice referred all appropriate patients to the 'Better for Me' programme. This was a programme run by the community matron and district nursing team who worked with patients to achieve better self management of their long term conditions.

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. All children who required an urgent appointment were seen on the same day as requested.
- The practice had a dedicated baby health check and vaccination recall lead who ensured six week checks and immunisations were performed in a timely manner.
- The practice ran a young people friendly walk in clinic for sexual health and contraception.
- The practice were part of the 'C Card' Scheme providing free condoms for people aged between 13 and 24.
- The practice worked with midwives, health visitors and school nurses to support the needs of this population group.
- Cervical screening, sexual health and contraceptive services were provided at the practice.

84% of eligible patients had received cervical screening (CCG and England average 82%)

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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. The practice provided extended hours appointments from 7am on Monday and Wednesday mornings.
- Telephone consultations were available if appropriate for patients at work
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Health checks were offered to patients aged between 40 and 74 who had not seen a GP in the last three years. The practice offered pre university immunisations for students.
- The practice were involved in the minor ailments scheme with the local pharmacy and offered same day appointments when deemed necessary by the pharmacist

People whose circumstances may make them vulnerable

Good



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

- Patients who had a learning disability had an annual review of their health needs and a health action plan in place.
- 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.
- We saw information displayed in the practice about various local support groups and voluntary organisations, which patients could access as needed.
- The practice were involved in a local practice champions initiative which offered a drop in café for patients to access support.
- Staff within the practice spoke a number of different languages in order to support non-English speaking patients. The practice also used language line. Language line is a telephone interpreter service.
- The practice hosted a weekly session with an alcohol advisor to support patients who had issues with alcohol or were alcohol dependent.

Summary of findings

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 carers were given information on how to access various support groups and voluntary organisations, such as 'Carers Leeds'.
- 88% of patients diagnosed with dementia had received a face to face review of their care in the preceding 12 months (CCG average 86%, England average 84%).
- The practice had a process in place to ensure patients at high risk of dementia were identified and an alert was put on the clinical system to encourage follow up.
- 100% of patients who had a complex mental health problem, such as schizophrenia, bipolar affective disorder and other psychoses, had a comprehensive, agreed care plan documented in their record in the preceding 12 months (CCG average 90% and England average of 88%).
- Staff could demonstrate they had a good understanding of how to support patients with mental health needs or dementia.
- Patients who were at risk of developing dementia were screened and support provided as necessary.
- The clinicians in the practice were aware of and referred to local mental health services as appropriate.

Good



Summary of findings

What people who use the service say

The national GP patient survey distributed 364 survey forms of which 91 were returned. This was a response rate of 25% which represented 2% of the practice patient list. The results published in July 2016 showed the practice was performing in line with local CCG and England averages. For example

- 80% of patients found it easy to get through to this practice by phone compared to the CCG average of 80% and national average of 73%.
- 85% 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 88% and national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and national average of 85%).

- 66% of patients said they usually got to see or speak to their preferred GP compared to the CCG and national average of 59%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive about the standard of care received. Many used the word 'brilliant' and 'excellent' to describe the service. However; five of the comments cards we received also contained feedback about the appointment system, stating this could be improved.

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

Areas for improvement

Action the service **SHOULD** take to improve

- Carry out staff appraisals annually.
- Monitor performance against the infection prevention and control action plan.

Newton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Newton Surgery

Newton Surgery is located at 305 Chapeltown Road, Leeds, LS7 3JT. The practice is part of the Leeds North Clinical Commissioning Group.

The practice serves a population of approximately 4410 patients and the service is provided by two GP partners (one male and one female). The partners are supported by a practice nurse prescriber and three health care assistants. The clinical staff are supported by an experienced team of administration staff.

The practice is classed as being in one of the most deprived areas in England.

Patients can access a number of clinics for example; asthma and diabetes, smoking and baby clinics and the practice offers services such as childhood vaccinations and cervical smears.

The practice is open from 8am to 6pm Monday to Friday, with extended hours being provided from 7am to 8am on Monday and Wednesday mornings.

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.

Services are provided under a personal medical services contract. This is the contract held between the practice and NHS Commissioners. They also offer a range of enhanced services such as influenza, pneumococcal and childhood immunisations.

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 and community groups.

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.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Leeds North Clinical Commissioning Group (CCG), to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the

Detailed findings

latest national GP patient survey results (July 2016). 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 12 April 2016. During our visit we:

- Spoke with a range of staff, which included a GP partners, the practice nurse prescriber, the office manager and a member of the administrative team.
- Spoke with patients who were all positive about the practice and the care they received.
- Reviewed comment cards where patients and members of the public shared their views.
- 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 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

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

- Staff told us they would inform the office manager or GP of any incidents and there was a recording form available for staff to complete.. The incident recording form supported the recording of notifiable incidents under 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, it had been identified that clinical staff were over filling sharps bins and not sealing them properly prior to collection. As a result the protocol for sharps disposal was reviewed and discussed with all staff to avoid future reoccurrence.

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 attended safeguarding meetings when possible and always 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. 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. However; the disposable curtains around the treatment couches were changed annually at the time of our visit, and not six monthly as recommended by the National Patient Safety Agency (NPSA) Following our feedback the practice agreed to change their procedures to ensure that curtains were changed six monthly.. We also noted the sink in the nurses' room did not have lever operated taps. The practice were aware of this and it was identified as an area for improvement on the infection control action plan.
- The GP was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. At the time of our visit the action plan did not include dates for the deadline to complete any identified actions. The practice agreed to adopt this approach in future.
- 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 and there were systems in place to monitor their use. One of

Are services safe?

the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed two personnel files and found appropriate 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

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

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure 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 emergency medicines available in the treatment room.
- 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.
- 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 were 94% of the total number of points available, with 2% 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. Data from 2014/15 showed;

- Performance against the diabetes related indicators was comparable to the CCG and national averages. For example; 94% of patients with diabetes, on the register had a record of a foot examination and risk clarification. Compared to the CCG average of 86% and national average of 88%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of alcohol consumption in the preceding 12 months. Compared to the CCG average of 88% and national average of 90%.
- Performance against the Chronic Obstructive Pulmonary Disease (COPD) related indicators was comparable with the CCG and national averages. For example; 92% of patients with COPD had a review recorded, undertaken by a healthcare professional, in the preceding 12 months. This was comparable with the CCG average of 91% and national average of 90%.

- The percentage of patients with hypertension having regular blood pressure tests was 90% which was better than the CCG average of 82% and national average of 84%.

Clinical audits demonstrated quality improvement.

- We reviewed three clinical audits completed in the last 12 months. The audits demonstrated 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, an audit had been carried out looking at safe prescribing of non-steroidal anti-inflammatory drugs (NSAIDs). NSAIDs are drugs used to relieve pain and reduce inflammation. The practice had identified a high prescribing rate of these medicines, of 17.5%. As a result the practice searched for patients in at risk groups, carried out medication reviews on these patients and reduced the rate of 5%.

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.
- At the time of our visit staff had not received an appraisal in the preceding 12 months. Following our feedback the practice undertook to address this as a matter of priority.
- 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 had access to and made use of e-learning training modules and in-house training. They were also supported to attend role specific training and updates, for example long term conditions management.
- 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

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion with other clinicians.

Coordinating patient care and information sharing

The practice had timely access to information needed, such as medical records, investigation and test results, to plan and deliver care and treatment for patients. The practice could evidence how they followed up those patients who had an unplanned hospital admission or had attended accident and emergency (A&E); particularly children or those who were deemed to be vulnerable.

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. Information was shared between services, with the patient's consent, using a shared care record. We saw evidence that multidisciplinary team meetings, to discuss patients and clinical issues, took place on a regular basis.

Care plans were in place for those patients who had complex needs, at a high risk of an unplanned hospital admission or had palliative care needs. These were reviewed and updated as needed. Information regarding end of life care was shared with out-of-hours services, to minimise any distress to the patient and/or family.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- 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, smoking and alcohol cessation. Patients were signposted to the relevant service.
- An alcohol support worked was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had identified low uptake of bowel cancer screening and had nominated two bowel cancer champions to work with patients, explaining the process and why it was important to be screened.

The practice were involved in the blood borne virus screening pilot and had been identified as one of the top 12 performing practices in Leeds

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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds from 96% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 45 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. However; five of the comments cards we received also contained feedback about the appointment system, stating this could be improved.

We spoke with five patients and two members 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 was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% 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%.

- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89 and national average of 85%).
- 90% 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%).

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 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:

90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.

- 79% 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%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. This was through practice employed staff who were bilingual or via a telephone interpreter service.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.

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. Where possible a GP from the practice would attend the funeral of the patient.

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 had utilised monies from the Clinical Commissioning Group to dedicate time for two bowel screening champions. These roles were aimed at educating patients and improving uptake in these areas.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs 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.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- Medication reviews were undertaken on a regular basis by the GPs at the practice.
- The practice was participating in the 'Year of Care' programme. This approach encouraged patients to understand their condition and have a more active part in determining their own care and support needs in partnership with clinicians.
- The practice participated in the 'Avoiding Unplanned Admissions' scheme which helped reduce avoidable unplanned admissions for vulnerable patients who are at high risk of hospital admission. Dedicated GP led clinics were available to review these patients.
- The practice offered abdominal aortic aneurysm (AAA) screening. AAA screening is a way of detecting dangerous swelling of the largest blood vessel in the heart (the aorta).
- A health visitor ran clinics at the practice twice a week to help support children and families.
- The practice ran a Young People Friendly walk in clinic for sexual health and contraception. They also participated in the 'C Card' scheme, providing free condoms for people aged between 13 and 24.

- The practice were involved in the minor ailments scheme with the local pharmacy. Patients accessing this service would be offered a same day appointment when deemed necessary by the pharmacist.
- Staff within the practice spoke a number of different languages in order to support non-English speaking patients.
- The practice hosted a weekly session with an alcohol advisor to support patients who had issues with alcohol or were alcohol dependent.
- The practice referred all appropriate patients to the 'Better for Me' programme. This was a programme run by the community matron and district nursing team who work with patients to achieve better self management of their long term conditions.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Extended hours appointments were offered from 7am to 8am on Monday and Wednesday mornings.

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.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 76%.
- 80% of patients said they could get through easily to the practice by phone, which was the same as the CCG average and better than the national average of 73%.

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

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.

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

- 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.

We looked at two complaints received in the 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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice had identified that the current premises were not suitable for the growing patient list size and were in discussions with another local practice regarding new premises.

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
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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). This included support training for all staff on communicating with

patients about notifiable safety incidents. 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
- The practice kept written records of verbal interactions as well as written correspondence.

At the time of our inspection the practice were in the process of recruiting a new practice manager and one of the partners was covering this role until the vacancy was filled, supported by the office manager. Staff said they felt supported by management. Staff told us the practice held regular team meetings.

- 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.

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 responded to feedback from the PPG with regarding to opening hours and introduced two early morning clinics.

The practice had gathered feedback from staff through meetings and staff appraisals. However; at the time of our inspection we were not able to see evidence of any recent appraisals having been undertaken. We discussed this with the practice at the time of our inspection and were informed these would be carried out as a priority.

Are services well-led?

Good 

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

Continuous improvement

- The practice used audits and training and development of their staff to improve services and ensure they were up to date with current guidance. They worked with the Leeds North Clinical Commissioning Group and were

part of local initiatives for example; they had identified a low uptake of bowel screening and worked with the CCG to dedicate time for a two members of staff to take on the role of bowel screening champion.