

Nova Scotia Medical Centre

Quality Report

22a Leeds Road
Allerton Bywater
Castleford
WF10 2DP

Tel: 01977 552193

Website: www.novascotiamedicalcentre.nhs.uk

Date of inspection visit: 11 May 2016

Date of publication: 15/06/2016

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	13
Outstanding practice	13

Detailed findings from this inspection

Our inspection team	14
Background to Nova Scotia Medical Centre	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Nova Scotia Medical Centre on 11 May 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:

- The ethos and culture of the practice was to provide good quality service and care to patients.
- Patients told us they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. A recognised tool was used to identify patients who were considered to be at risk of frailty.
- The practice had designed a vulnerable adult search template which encompassed a multitude of factors which could contribute to vulnerability.
- The practice had good facilities and was well equipped to treat and meet the needs of patients. Information regarding the services provided by the practice and how to make a complaint was readily available for patients.
- Patients we spoke with were positive about access to the service. They said they found it generally easy to make an appointment, there was continuity of care and urgent appointments were available on the same day as requested.
- The practice had a good understanding of, and complied with, the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)
- The partners promoted a culture of openness and honesty and there was a comprehensive 'being open' policy in place, which was reflected in their approach to safety. All staff were encouraged and supported to record any incidents using the electronic reporting system. There was evidence of good investigation, learning and sharing mechanisms in place.

Summary of findings

- Risks to patients were assessed and well managed. There were safe and effective governance arrangements in place.
- There were comprehensive safeguarding systems in place; particularly around vulnerable children and adults.
- The practice sought patient views how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.
- There was a clear leadership structure, staff were aware of their roles and responsibilities and told us the GPs and manager were accessible and supportive.

- The GP partners were forward thinking, aware of future challenges to the practice and were open to innovative practice.

We saw an area of outstanding practice:

- One of the GPs had devised and designed an effective process for amber drug monitoring. This had been acknowledged by the local CCG and was in the process of being shared with other practices. (Amber drugs are prescribed medicines which require the patient to be closely monitored in line with specific guidelines.)

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 and a nominated lead who dealt with them overall. 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 was a nominated lead for safeguarding children and adults. Comprehensive systems were in place to keep patients and staff safeguarded from abuse. We saw laminated posters, in all the consulting and treatment rooms, which displayed safeguarding information and contact details.
- Staff were encouraged and supported to use the electronic 'safeguarding node' on the practice computer system. This ensured any child protection or safeguarding concerns were recorded in the same place, were linked to individual records and actions could be tracked.
- There were processes in place for safe medicines management. The practice had support from a Leeds South and East Clinical Commissioning Group pharmacy technician.
- One of the GPs had devised and designed an effective process for amber drug monitoring. This had been acknowledged by the local CCG and was in the process of being shared with other practices. (Amber drugs are prescribed medicines which require the patient to be closely monitored in line with specific guidelines.)
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose.
- There was a nominated lead for infection prevention and control.
- The partners and practice manager had monthly meetings where they discussed any management issues, significant events, complaints and any other business relating to the practice.
- All staff had access to policies and procedures via the computer system.

Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the need of patients and delivered care in line with current evidence based guidance.
- The practice used a recognised tool to identify patients who were considered to be at risk of frailty.
- The practice had designed a vulnerable adult search template which encompassed a multitude of factors which could contribute to vulnerability.
- Regular clinical meetings and discussions were held between the GPs and nursing staff to discuss patient care and complex cases.
- Staff worked with other health and social care professionals, such as the community matron, district nursing, health visiting and local neighbourhood teams, to meet the range and complexity of people's needs.
- End of life care was delivered in a coordinated way.
- Clinical audits were undertaken and could demonstrate quality improvement.
- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to both local and national figures.
- There was evidence of appraisals and personal development plans for all staff. The practice was very proactive and supportive with regard to the learning and development of staff.
- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care.

Are services caring?

The practice is rated as good for providing caring services.

- The practice had a strong patient-centred culture and we observed that staff treated patients with kindness, dignity, respect and compassion.
- Data from the National GP patient survey showed that patients rated the practice comparable to other local practices.
- Patients we spoke with and comments we received were all 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice worked with Leeds South and East 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 showed they found it easy to make an appointment.
- The practice offered pre-bookable, same day and online appointments. They also provided telephone consultations and text messaging reminders.
- There was a 'sit and wait' service available at the end of morning surgeries. All patients requiring urgent care were seen on the same day as requested.
- Home visits and longer appointments were available for patients who were deemed to need them, for example housebound patients or those with complex conditions.
- 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions, including people with dementia or a condition other than cancer.

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 safe and effective governance arrangements in place. These included the identification of risk and policies and systems to minimise risk.
- The practice had developed a comprehensive workflow system, and an electronic 'query book' to ensure all tasks were undertaken and completed on a daily basis. This also ensured there was a clear audit trail.
- The provider had a good understanding of, and complied with, the requirements of the duty of candour. There were systems in place for reporting notifiable safety incidents and sharing information with staff to ensure appropriate action was taken.
- The partners promoted a culture of openness and honesty and had a comprehensive 'being open' policy in place.

Good



Summary of findings

- 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 participation group.
- Staff informed us they felt very supported by the GP partners and practice management.
- The practice had been proactive in the recruitment of staff. Due to the retirement of two previous partners, they had recruited a new GP partner in September 2015 and another partner was due to commence in July 2016.
- The GP partners had a dedicated administration time slot each week where they met to discuss quality improvement and patient care.

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 person-centred care to meet the needs of the older people in its population. All elderly patients had a named GP and were referred to a geriatric consultant as necessary.
- The practice worked closely with other health and social care professionals, such as the district nursing and local neighbourhood teams, to ensure housebound patients received the care and support they needed.
- The practice participated in Leeds South and East CCG initiatives to reduce the rate of elderly patients' acute admission to hospital.
- Patients who were considered to be at risk of frailty were identified and support offered as appropriate.
- Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission and patients were reviewed as needed.
- Health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.
- Patients were signposted to other local 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



- One of the GP partners was the clinical lead for long term conditions at Leeds South and East CCG.
- The GPs had lead roles in the management of long term conditions and were supported by the nursing staff. Annual reviews were undertaken to check patients' health care and treatment needs were being met. Holistic reviews were undertaken with patients who had several co-morbidities, which avoided the need for multiple appointments.
- The practice maintained a register of patients who were a high risk of an unplanned hospital admission. Care plans and support were in place for these patients.

Summary of findings

- The practice was an early implementer for delivery of patient care using an approach called the Year of Care. This approach enabled patients to have a more active part in determining their own care and support needs in partnership with clinicians and a pharmacist. It was currently used with patients who had diabetes, chronic obstructive pulmonary disease (a disease of the lungs) or coronary heart disease.
- 100% of newly diagnosed diabetic patients had been referred to a structured education programme in the preceding 12 months (CCG average 87%, national average 90%).
- 69% of patients diagnosed with asthma had received an asthma review in the last 12 months (CCG and national averages of 75%).
- 78% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received a review in the last 12 months (CCG average 88%, national average 90%).
- The practice identified those patients who had complex needs and life limiting conditions and ensured they were on the palliative care register to ensure they received timely care and support.
- Patients who were at risk of developing diabetes were identified and invited in for relevant tests and follow-up.

Families, children and young people

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

- The practice worked with midwives, health visitors and school nurses to support the needs of this population group. For example, the provision of ante-natal, post-natal and child health surveillance clinics.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. The practice had undertaken a search and review of patients aged 0 to 18, who in the preceding 12 months had attended accident and emergency (A&E). This was to identify whether there were any repeat attendances or cause for concern.
- There was a 'did not attend' (DNA) protocol in place to follow up any children and young people who failed to attend a hospital appointment or immunisations at the practice.
- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.

Good



Summary of findings

- 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.
- Immunisation uptake rates were in line with the CCG and national rates for all standard childhood immunisations.
- Sexual health, contraceptive and cervical screening services were provided at the practice.
- 81% of eligible patients had received cervical screening (CCG and national average 82%).
- Appointments were available with both male and female GPs.

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. The practice provided extended hours appointments one evening per week, telephone consultations, online booking of appointments and ordering of prescriptions.
- The practice offered a range of health promotion and screening that reflected the needs for this age group. This included screening for early detection of chronic obstructive pulmonary disease (a disease of the lungs) for patients aged 40 and above who were known to be smokers or ex-smokers.
- Health checks were offered to patients aged between 40 and 74 who had not seen a GP in the last three years.
- Students were offered public health recommended vaccinations prior to attending university.
- Travel health advice and vaccinations were available.
- There was an in-house minor surgery clinic and phlebotomist to avoid the need for some patients having to access secondary care.

Good



People whose circumstances may make them vulnerable

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

- The practice routinely reviewed their patient list in order to assess whether there were any risk factors present that may have contributed to their vulnerability. Clinicians worked with other health and social care professionals, to ensure those patients had their needs met.

Good



Summary of findings

- 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.
- Staff were encouraged and supported to use the electronic 'safeguarding node' on the practice computer system. This ensured any child protection or safeguarding concerns were recorded in the same place, were linked to individual records and actions could be trackable.
- The practice could evidence the number of children who were on a child protection plan (this is a plan which identifies how health and social care professionals will help to keep a child safe).
- Patients who had a learning disability received an annual review of their health needs and a care plan was put in place. Carers of these patients were also encouraged to attend, were offered a health review and signposted to other services as needed.
- Those patients who were on the autistic spectrum disorder were coded, which enabled additional support to be provided as needed.
- We saw there was information available on how patients could access various local support groups and voluntary organisations.
- The practice had worked with some non-English patients who had hearing impairment to understand the difficulties they had in accessing services. As a result, longer appointments were given, interpreters were booked and co-ordinated in line with the appointments and separate practice contact details were provided.

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).

- One of the GP partners was the clinical lead for adult mental health at Leeds South and East CCG.
- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team.

Good



Summary of findings

- Patients and/or their carer were given information on how to access various support groups and voluntary organisations. The practice had recently held a carers' coffee morning, where a representative from Carers Leeds was in attendance.
- 87% of patients diagnosed with dementia had received a face to face review of their care in the preceding 12 months (CCG average 88%, national average 84%).
- 63% of patients who had a complex mental health problem, such as schizophrenia, bipolar affective disorder and other psychoses, who had a comprehensive, agreed care plan documented in their record in the preceding 12 months (CCG and national averages of 88%).
- Patients who were at risk of developing dementia were screened and support provided as necessary.
- Staff had a good understanding of how to support patients with mental health needs or dementia.

Summary of findings

What people who use the service say

The national GP patient survey distributed 300 survey forms of which 109 were returned. This was a response rate of 36% which represented less than 2% of the practice patient list. The results published in January 2016 showed the practice was performing in line with local CCG and national averages. For example:

- 88% of respondents described their overall experience of the practice as fairly or very good (CCG 83%, national 85%)
- 76% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG 76%, national 79%)
- 70% of respondents described their experience of making an appointment as good (CCG 71%, national 73%)
- 87% of respondents said they found the receptionists at the practice helpful (CCG 85%, national 87%)
- 97% of respondents said they had confidence and trust in the last GP they saw or spoke to (CCG and national 95%)

- 96% of respondents said they had confidence and trust in the last nurse they saw or spoke to (CCG 96%, national 97%)

As part of the inspection process we asked for Care Quality Commission (CQC) comment cards to be completed by patients. We received 32 cards, all of which were extremely positive, many using the words 'very good' and 'excellent' to describe the service and care they had received and citing staff as being friendly, helpful and caring. Several of the comments praised individual members of staff.

During the inspection we spoke with patients and members of the patient participation group. Comments received from them were very positive and they had high praise for the practice and staff. All agreed they were happy with the care they received from any of the clinicians. They described the practice as being 'like a family doctors' and the service they received as being 'excellent'. We were given many examples of good care and support they had received.

Outstanding practice

We saw an area of outstanding practice:

- One of the GPs had devised and designed an effective process for amber drug monitoring. This had been

acknowledged by the local CCG and was in the process of being shared with other practices. (Amber drugs are prescribed medicines which require the patient to be closely monitored in line with specific guidelines.)

Nova Scotia Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC primary medical services inspector and was supported by a GP specialist advisor.

Background to Nova Scotia Medical Centre

Nova Scotia Medical Centre is a member of the Leeds South and East Clinical Commissioning Group (CCG). Personal Medical Services (PMS) are provided under a contract with NHS England. The practice is registered with the Care Quality Commission (CQC) to provide the following regulated activities: maternity and midwifery services, family planning, diagnostic and screening procedures and treatment of disease, disorder or injury. They also offer a range of enhanced services, which include:

- Childhood immunisations
- The provision of influenza and pneumococcal immunisations
- Facilitating timely diagnosis and support for patients with dementia
- Extended hours access
- Improving online access

Nova Scotia Medical Centre is located in Allerton Bywater, which is a former mining village in a semi-rural location near to Leeds and Wakefield. The catchment area for the practice is Allerton Bywater, Kippax, Swillington and Great Preston.

The practice is situated in purpose built premises, which were built in 1986. There are facilities for people with disabilities and all patient areas are on the ground floor. There are car parking facilities on site with designated disabled parking.

The practice has a patient list size of 5,474 which is made up of predominantly white British, with an almost 50:50 ratio of male and female patients. The proportion of patients aged over 65 years was greater than the CCG and national averages. Twenty percent of the practice patient list is over 65, as compared with 15% and 17% respectively for the CCG and national averages. The practice has close links with a local residential care home, where some registered patients reside.

There are four GP partners, one female and three male, who are supported by three practice nurses and two health care assistants; all female. There is a practice manager and a team of administration and reception staff. The practice also has the support of two CCG employed medicines management pharmacists.

The practice is open between 8am to 6pm Monday and Thursday, with extended hours from 6pm to 9pm on Monday. GP appointments were available 8.30am to 11.30am and 3pm to 5.30pm Monday to Friday and 6pm to 8.40pm on Monday. 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.

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.)

Detailed findings

One of the GP partners is clinical lead for long term conditions and adult mental health, for the Leeds South and East CCG. They are also a GP appraiser for NHS England West Yorkshire.

We were informed of the challenges the practice had undergone over the past three years, when there had been no stable practice manager in post and they had struggled to recruit a GP. During this time they had relied on the services of GP locums to meet patient demands. Two of the GPs had retired but were still working at the practice part-time to maintain GP sessions. A new partner had been successfully recruited in September 2015 and another partner was due to commence in July 2016. A full retirement date was now confirmed for one of the GPs. An experienced practice manager was also recruited in May 2015. The practice reported they felt more confident about the future of the practice and in developing a robust strategic direction.

Due to the demographics of the practice and its population, in addition to hospitals within Leeds, they are also required to liaise with Pinderfields Hospital, Wakefield and Pontefract Hospital; which are based in other CCG areas.

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 and inspection programme. 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 South and East CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes

Framework (QOF) and the latest national GP patient survey results (January 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 11 May 2016. During our visit we:

- Spoke with a range of staff, which included GP partners, the practice manager and a practice nurse.
- Spoke with patients who were all extremely positive about the practice and the care they received.
- Reviewed comment cards where patients 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 treated.
- Spoke with members of the patient participation group, who informed us how well the practice 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 a comprehensive system in place for reporting, recording and investigating significant events.

- The partners promoted a culture of openness, transparency and honesty and we saw there was a comprehensive 'being open' policy in place.
- Staff told us they would inform the practice manager of any incidents and complete the electronic incident recording form. The practice was also aware of their wider duty to report incidents to external bodies such as Leeds South and East CCG and NHS England. This included the recording and reporting of notifiable incidents under the duty of candour.
- When there were unintended or unexpected safety incidents, we were informed patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence the practice carried out a thorough analysis of significant events. We saw several examples where the practice had changed or developed systems arising from the learning of significant events, such as the development of the electronic 'query book' and use of the 'safeguarding node' on the computer system.
- All significant events relating to medicines were monitored by the local CCG medicines management team. Any concerns or issues were then fed back to the practice to act upon.
- All safety alerts were cascaded to staff, discussed at practice meetings and actioned as appropriate.

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. We saw evidence of:

- Arrangements which reflected relevant legislation and local requirements to safeguard children and vulnerable adults from abuse. Policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. There were laminated posters in all the consulting and treatment rooms, displaying safeguarding information and contact details. The GP acted in the capacity of safeguarding lead and had been

trained to the appropriate level three. We were told the GP safeguarding lead worked closely with health visitors, and although attendance at safeguarding case conferences was difficult, the practice always ensured that reports were submitted when requested. The practice could evidence the number of children who were on a child protection plan (this is a plan which identifies how health and social care professionals will help to keep a child safe).

- Staff had received training relevant to their role and could demonstrate their understanding of safeguarding. Staff were encouraged and supported to use the electronic 'safeguarding node' on the practice computer system. This ensured any child protection or safeguarding concerns were recorded in the same place, were linked to individual records and actions could be tracked. We saw evidence the practice followed up children and young people aged 0 to 18 after an attendance at accident and emergency (A&E). Any patients who were repeat attenders were added to the 'safeguarding node' and concerns were discussed with the health visitor, school nurse or local safeguarding team.
- 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. There was a nominated infection prevention and control (IPC) lead and an IPC protocol in place. All staff were up to date with IPC training. We saw evidence that an IPC audit had taken place and action was taken to address any improvements identified as a result.
- Processes for handling repeat prescriptions which included the review of high risk medicines. Regular

Are services safe?

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. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs), in line with legislation, had been adopted by the practice to allow nurses to administer medicines. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- One of the GPs had devised and designed an effective process for amber drug monitoring. This had been acknowledged by the local CCG and was in the process of being shared with other practices. (Amber drugs are prescribed medicines which require the patient to be closely monitored in line with specific guidelines.)
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment, in line with the practice recruitment policy, for example proof of identification, references and DBS checks.

Monitoring risks to patients

The practice had procedures in place for assessing, monitoring and managing risks to patient and staff safety. We saw evidence of:

- Risk assessments to monitor the safety of the premises, such as the control of substances hazardous to health and legionella (legionella is a bacterium which can contaminate water systems in buildings). There was also a health and safety policy accessible to staff.
- An up to date fire risk assessment, which had been undertaken by the local fire service who had made some recommendations, such as relocating the fire signage.

- All electrical and clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order.
- Arrangements for planning and monitoring the number 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.
- All staff were up to date with fire and basic life support training.
- There was a fire evacuation plan in place which identified how staff could support patients with mobility problems to vacate the building. Regular fire drills were carried out and staff were aware of their responsibilities.
- There was emergency equipment available, which included a defibrillator and oxygen, with pads and masks suitable for 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 an effective accident/incident recording and reporting system in place.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was available on the practice intranet and as a paper copy.

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. Updates were also discussed at GP and nursing team meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The GPs and practice manager attended CCG meetings with other practices, to look at the joint needs assessment of the local area.

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). We saw minutes from meetings which could evidence QOF was discussed within the practice and any areas for action were identified.

The most recent published results (2014/15) showed the practice had achieved 98% of the total number of points available, with 4% exception reporting. This was a lower than CCG and national average of 9% and could have had an impact on some of their below average figures. (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 showed:

- Performance for some diabetes related indicators was lower than the CCG and national averages. For example, 77% of patients on the diabetes register had a recorded foot examination completed in the preceding 12 months; CCG and England averages of 88%.
- Performance for mental health related indicators was lower than the CCG and national averages. For example,

68% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months; CCG average 88%, England average 90%.

We discussed the issues regarding the lower than CCG average figures for some QOF domains. The practice informed us how they monitored QOF; they were proactive in inviting patients, chasing up non-attenders and undertaking opportunistic screening. The practice also monitored their performance against local practices through the use of reports produced by the CCG.

We were informed how the transfer from one computer system to another in 2014 had caused some differences in the coding and had resulted in some 'lost' data. We reviewed a report which showed the data for 2015/16 (which had not yet been formally submitted), and could evidence there had been improvements.

The practice used clinical audit, peer review, local and national benchmarking to improve quality. We reviewed six audits which had been completed in the preceding 12 months, which had been completed, identified where improvements had been made and could evidence sustained improvement. For example an audit on:

- Detecting patients who had been prescribed both angiotensin-converting-enzyme (ACE) inhibitors and angiotensin receptor blockers (ARB) medication; both of which are taken for blood pressure and are not advocated to be prescribed for the same person as per NICE guidance. The initial audit showed there were 15 patients who were on this combination. Patients were called for a review. A re-audit at three months showed no patients were on a combination. A process was put in place to review any new patients who were on the combination medicines.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence we reviewed showed:

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had received an appraisal within the last 12 months. The practice nurse had

Are services effective?

(for example, treatment is effective)

received an appraisal with the practice manager; we advised it would be more appropriate for the appraisal to be led by a clinician in line with the nurse revalidation process.

- 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 motivational interviewing.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programme, by accessing online resources and having discussions with other clinicians.
- All GPs were up to date with their revalidation and appraisals.

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. They could evidence how they followed up patients who had an unplanned hospital admission or had attended accident and emergency (A&E); particularly children or those adults 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 monthly 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

The practice had a policy regarding consent and staff we spoke with were aware of it and had a good understanding of the principles of consent.

We saw a comprehensive mental capacity policy in place which included assessment of capacity, principles of best interest, advance directives, referrals and advocacy. Staff could demonstrate their understanding of the Mental Capacity Act 2005. We were informed that a patients' consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, an assessment was undertaken and the outcome recorded in the patient's record.

There was a policy in place regarding the use of Gillick competency and Fraser guidelines (these are used in medical law to decide whether a child aged 16 years or younger is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.) Staff could demonstrate their understanding and appropriate use of these.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those 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

We were informed (and saw evidence in some instances) that Nova Scotia Medical Centre:

- Participated in Leeds South and East CCG initiatives to reduce the rate of elderly patients' acute admission to hospital. A certified tool was used to identify patients who were considered to be at risk of frailty. These patients were reviewed and health care provided as needed.
- Had designed a vulnerable adult search template which encompassed a multitude of factors that could contribute to vulnerability. This search had identified 63 patients who were then contacted and reviewed to ensure their health care needs were being met.
- Had good working relationships with local the neighbourhood team and health trainers, to support

Are services effective?

(for example, treatment is effective)

patients with any additional health or social needs. A representative from Leeds Connect for Health attended the practice every two weeks. They provided face to face sessions to address any financial, emotional or isolation issues patients may have.

- Encouraged patients to attend national screening programmes for cervical, bowel and breast cancer. There was a nominated 'practice champion' who promoted the benefits of bowel screening and followed up patients who did not attend for the screening. Patients were contacted and reminders were sent out to those eligible for cervical screening. The uptake rate for cervical screening in the preceding five years was 81%, compared to the CCG and England averages of 82%.
- Had 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. In addition there was a computer recall system in place to remind patients when their smear test was due.
- Carried out immunisations in line with the childhood vaccination programme. Uptake rates were comparable to the national averages. For example, children aged up to 24 months ranged from 95% to 100% and for five year olds they ranged from 90% to 100%.
- Offered health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 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.
- Encouraged and supported patients who were concerned regarding memory loss or any dementia-like symptoms to make an appointment with a clinician. A certified dementia identification tool was used with the patient's consent to assess any areas of concern. The practice had good links with the local memory service and referred patients as needed.
- Identified those patients who were on the autistic spectrum disorder, which enabled additional support to be provided as needed for both the patient and/or parent/carer.
- Had a blood pressure monitoring machine available a private area of the reception, to enable patients to check their own blood pressure. The results were then printed out and given to reception to put into the patient's record. If there were any abnormalities, patients were invited to see a clinician for follow-up.

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 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.
- Chaperones were available for those patients who requested one and it was recorded in the patient's record.

All of the 32 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. Many cited individual staff as being very supportive and kind.

During the inspection we spoke with patients and members of the patient participation group, whose views and comments were also overwhelmingly positive.

Data from the national GP patient survey showed respondents rated the practice higher for many questions regarding how they were treated, compared to other local and national practices. For example:

- 88% of respondents said the last GP they saw or spoke to was good at listening to them (CCG 87%, national 89%)
- 87% of respondents said the last GP they saw or spoke to was good at giving them enough time (CCG 85%, national 87%)
- 82% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG 83%, national 85%)
- 96% of respondents said the last nurse they saw or spoke to was good at listening to them (CCG and national 91%)

- 97% of respondents said the last nurse they saw or spoke to was good at giving them enough time (CCG and national 92%)
- 95% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG 90%, national 91%)

Care planning and involvement in decisions about care and treatment

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

- The choose and book service was used with all patients as appropriate.
- Longer appointments and additional support were available for those patients who may have had difficulty with understanding their options.
- Interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in an easy to read format.

The Year of Care model was used with patients who had diabetes, chronic obstructive pulmonary disease (a disease of the lungs) or coronary heart disease. This approach enabled patients to have a more active part in determining their own care and support needs in partnership with clinicians. An initial appointment with the health care assistant collected health information and took blood samples. The results were sent to the patient with an explanation of their meaning, prior to their follow up with a nurse. Patients were invited to identify which areas they wanted to focus on before the appointment, which enabled patient and clinician to jointly plan care and treatment options. Individualised care plans for these patients were maintained, which included how to manage an exacerbation in symptoms and any anticipatory medication which may be required.

Patient comments we received on the day of the inspection were all positive regarding their involvement in decision making and choices regarding their care and treatment.

Data from the national GP patient survey showed respondents rated the practice comparable to other local and national practices. For example:

- 77% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG 80%, national 82%)

Are services caring?

- 79% of respondents said the last GP they saw was good at explaining tests and treatments (CCG 85%, national 86%)
- 84% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG 85%, national 85%)
- 91% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG 89%, national 90%)

Patient and carer support to cope emotionally with care and treatment

There was a carers' policy and register in place and an alert placed on the patient's record to alert staff. The practice had identified 112 patients who were carers; this equated to 2% of the patient list. They were offered additional support as needed and signposted to local carers' support groups. The practice worked closely with Carers Leeds, which was the main carers' organisation for the city. The practice had recently held a carers' coffee morning, where a representative from Carers Leeds was in attendance.

They encouraged carers to participate in the Leeds yellow card scheme. The card informs health professionals that the individual is a carer for another person and to take this into consideration if the carer becomes ill, has an accident or admitted to hospital.

The practice worked jointly with palliative care and district nursing teams to ensure patients who required palliative care, and their families, were supported as needed. We were informed that if a patient had experienced a recent bereavement, they would be contacted and support offered as needed.

We saw there were notices and leaflets in the patient waiting area, informing patients how to access a number of support groups and organisations. There was also information available on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with NHS England and Leeds South and East CCG to review the needs of its local population and to secure improvements to services where these were identified. These included:

- Home visits for patients who could not physically access the practice and were in need of medical attention
- Urgent access appointments for children and patients who were in need
- Telephone consultations
- Longer appointments as needed
- Extended hours access
- Travel vaccinations which were available on the NHS
- Disabled facilities, a hearing loop and interpretation services

Access to the service

The practice was open between 8am to 6pm Monday to Friday, with extended hours from 6pm to 9pm on Monday. GP appointments were available 8.30am to 11.30am and 3pm to 5.30pm Monday to Friday and 6pm to 8.40pm Monday. Telephone appointments were also available. Appointments could be booked up to six weeks in advance, same day appointments were available for people that needed them. When the practice was closed out-of-hours services were provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

We were informed the practice took into account individual needs of patients when accessing the practice. For example, the practice manager had met with some non-English patients who had a hearing impairment and had identified issues around communication. It had been agreed these patients could use email as a means of communication and had a direct link to the practice manager. It was also arranged for interpretation services to be available during the patients' consultations.

Data from the national GP patient survey showed respondents rated the practice comparable to other local and national practices, with the exception of telephone access. For example:

- 83% of respondents were fairly or very satisfied with the practice opening hours (CCG 77%, national 78%)
- 59% of respondents said they could get through easily to the surgery by phone (CCG 71%, national 73%)
- 92% of respondents said the last appointment they got was convenient (CCG 91%, national 92%)

We were informed the practice had addressed the issues regarding telephone access and expected satisfaction rates to improve. We saw evidence of an audit the practice had undertaken, regarding patient waiting times for appointments. This had arisen from observations that some of the waiting times to be seen for consultations were longer than desired. The survey had identified which clinicians had a tendency to 'run over' with their consultations. The findings had been discussed with those individuals and the practice as a whole and contingencies had been put in place. A re-audit was planned to evidence any improvements, although the practice could verbally acknowledge there had been some.

Listening and learning from concerns and complaints

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

- The 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.
- The practice kept a record of all written and verbal complaints.
- All complaints and concerns were discussed at the practice meeting.
- There was information displayed in the waiting area to help patients understand the complaints system.

There had been eight complaints received in the last 12 months. We found they had been satisfactorily handled. Lessons had been learned and action taken to improve quality of care.

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 statement of purpose submitted to the Care Quality Commission which identified the practice values. For example, to provide safe, effective and innovative health care to all groups of the practice population
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- All staff knew and understood the vision and values of the practice.
- There was a mission statement displayed in the patient waiting area stating the practice aims 'to provide highest quality health care and put patients at the heart of everything'.

There was a strong patient-centred ethos among the practice staff and a desire to provide high quality care. This was reflected in their passion and enthusiasm when speaking to them about the practice, patients and delivery of care.

Governance arrangements

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

- A good understanding of staff roles and responsibilities. The GPs and nurses had lead key areas, such as mental health, safeguarding, long term conditions management and infection prevention and control.
- Practice specific policies which were updated, regularly reviewed and available to all staff.
- A comprehensive understanding of practice performance. Practice meetings were held monthly, where practice performance, significant events and complaints were discussed.
- 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.

- Business continuity and comprehensive succession planning in place. For example, due to the retirement of two GP partners, they had recruited a new GP partner in September 2015 and another partner was due to commence in July 2016.

Leadership and culture

The practice had a good understanding of duty of candour and had systems in place to ensure compliance with the requirements. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty and had a comprehensive 'being open' policy in place. We were informed that when there were unexpected or unintended incidents regarding care and treatment, the patients affected were given reasonable support, truthful information and a verbal and written apology.

On the day of the inspection the GP partners and practice manager could demonstrate they had the experience, capacity and capability to run the practice.

- There was a clear leadership structure.
- We were informed that the GP partners and manager were visible, approachable and took the time to listen.
- Staff informed us they felt respected, valued and supported.
- We saw evidence of regular meetings being held within the practice, such as nursing and administration
- The practice minuted a range of multidisciplinary meetings they held with other health and social care professionals to discuss patient care and complex cases, such as palliative care and safeguarding concerns.
- The GP partners had a dedicated administration time slot each week where they met to discuss quality improvement and patient care.
- The GPs promoted the learning and development of staff and also provided mentorship for other clinicians, such as a district nurse who was undertaking independent prescribing training.
- One of the GP partners was clinical lead for long term conditions and adult mental health, for the Leeds South and East CCG. They were also a GP appraiser for NHS England West Yorkshire.

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- The NHS Friend and Family Test, complaints and compliments received.
- Patients who were members of the patient participation group (PPG). The PPG met regularly, carried out patients surveys and felt confident in submitting proposals for improvements to the practice.
- Staff through meetings, discussions and the appraisal process. Staff told us they would not hesitate to raise any concerns and felt involved and engaged within 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. For example:

- They had joined a federation of practices within the CCG, to look at how the delivery of primary care services could be improved within the local area.
- They had used the General Practice Improvement Programme (GPIP) to develop a comprehensive workflow system, and an electronic 'query book' to ensure all tasks were undertaken and completed on a daily basis. This also ensured there was a clear audit trail.
- One of the GPs had devised and designed an effective process for amber drug monitoring. This had been acknowledged by the local CCG and was in the process of being shared with other practices. (Amber drugs are prescribed medicines which require the patient to be closely monitored in line with specific guidelines.)
- They had applied to become a GP training practice.
- Due to future new housing developments in the area, the practice was looking to expand the premises and services to accommodate an increase in patient demands.