

Vesper Road Surgery

Quality Report

43 Vesper Road

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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 Vesper Road Surgery on 14 September 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.
- 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 generally positive about access to the service. They said they found there was continuity of care and urgent appointments were available on the same day as requested.
- The practice 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 a culture of openness and honesty which was reflected in their approach to safety.
- Risks to patients were assessed and well managed.
- There were comprehensive safeguarding systems in place; particularly around vulnerable children and adults.

Summary of findings

- The practice sought patient views about 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.

We saw an area of outstanding practice:

- The practice linked with consultant colleagues for rapid opinions by using a derma scope which was able to send pictures of skin lesions to specialists for opinions, and was able to send electronically electro cardio graphs by a 'cloud' to heart specialist for accurate reading. These services ensured that patients had rapid specialist's assessments without

the need to attend hospital in many cases. Since January 2016 37 patients had benefited from the dermatoscope remote assessment and in the same period 52 from the remote ECG assessment.

However there were areas of practice where the provider should make improvements:

- The practice should ensure that clinicians administering immunisations receive at least the minimum training updates.
- The practice should reconsider its Infection Prevention and Control action plan and in particular the maintenance of records for the cleaning of individual pieces of clinical equipment.

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 displaying safeguarding information and contact details, in all the consulting and treatment rooms.
- There were processes in place for safe medicines management. The practice had support from a Leeds West Clinical Commissioning Group (CCG) pharmacy technician.
- 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 meetings every two months 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.
- The practice should reconsider its Infection Prevention and Control action plan and in particular the maintenance of records for the cleaning of individual pieces of clinical equipment

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 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.

Summary of findings

- Staff worked with other health and social care professionals, to meet the range and complexity of people's needs.
- End of life care was delivered in a coordinated way using the Gold Standards Framework.
- Clinical audits were undertaken and could demonstrate quality improvement.
- Data from the Quality and Outcomes Framework showed patient outcomes were both local and national figures.
- There was evidence of appraisals and personal development plans for all staff.
- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care.
- The practice should ensure that clinicians administering immunisations receive at least the minimum training updates.

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.

- The practice worked with 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 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.
- Home visits and longer appointments were available for patients who were deemed to need them, for example housebound patients or those with complex conditions.

Good



Summary of findings

- 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 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.
- 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.

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.

- The practice provided proactive, responsive and care to meet the needs of the older people in its population.
- 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 West Clinical Commissioning Group (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.

Good



People with long term conditions

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

- 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 at high risk of an unplanned hospital admission. Care plans and support were in place for these patients.
- 75% of patients diagnosed with asthma had received an asthma review in the last 12 months (CCG and national averages of 75%).
- 88% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received a review in the last 12 months (CCG and national average 90%).

Good



Summary of findings

- The practice identified those patients who had complex needs and life limiting conditions and ensured they were on the palliative care register.

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.
- 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 told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Immunisation rates were with the CCG and national rates for all standard childhood immunisations.
- Sexual health, contraceptive and cervical screening services were provided at the practice.
- 90% of eligible patients had received cervical screening (CCG average 79% and national average 82%).
- Appointments were available with both male and female GPs.

Good



Working age people (including those recently retired and students)

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

- The needs of these patients had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. 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.
- 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.

Good



Summary of findings

- Travel health advice and vaccinations were available.

People whose circumstances may make them vulnerable

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

- Staff knew how to recognise signs of abuse in They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice 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.
- We saw there was information available on how patients could access various local support groups and voluntary organisations.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team.
- Patients and/or their carer were given information on how to access various support groups and voluntary organisations.
- 100% of patients diagnosed with dementia had received a face to face review of their care in the preceding 12 months (CCG average 83%, national average 84%).
- 100% 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%).
- Staff had a good understanding of how to support patients with mental health needs or dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey distributed 298 survey forms of which 107 were returned. This was a response rate of 36% which represented less than 2% of the practice patient list. The results published in July 2016 showed the practice was performing in line with local CCG and national averages. For example:

- 90% of respondents described their overall experience of the practice as fairly or very good (national average 85%)
- 85% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national 80%)
- 77% of respondents described their experience of making an appointment as good (national 73%)
- 82% of respondents said they found the receptionists at the practice helpful (national 87%)
- 99% of respondents said they had confidence and trust in the last GP they saw or spoke to (national 95%)
- 99% of respondents said they had confidence and trust in the last nurse they saw or spoke to (national 97%)

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received one comment card, which was positive.

During the inspection we spoke with nine patients and members of the patient participation group. Comments received from them were 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, but some told us they found it difficult to obtain an appointment by telephone. They described the clinical service they received as being 'excellent', but some found the waiting room 'unwelcoming'. We were given many examples of good care and support they had received.

The practice told us that they had recently redecorated the waiting room but the locations of seats were fixed so the waiting room could not be reconfigured to make it more welcoming.

Areas for improvement

Action the service SHOULD take to improve

- The practice should ensure that clinicians administering immunisations receive at least the minimum training updates.
- The practice should reconsider its Infection Prevention and Control action plan and in particular the maintenance of records for the cleaning of individual pieces of clinical equipment.

Outstanding practice

The practice linked with consultant colleagues for rapid opinions by using a derma scope which was able to send pictures of skin lesions to specialists for opinions, and was able to send electronically electro cardio graphs by a 'cloud' to heart specialist for accurate reading. These

services ensured that patients had rapid specialist's assessments without the need to attend hospital in many cases. Since January 2016 37 patients had benefited from the dermatoscope remote assessment and in the same period 52 from the remote ECG assessment.

Vesper Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a CQC Lead Inspector, a second inspector, a GP specialist advisor and an expert by experience advisor.

Background to Vesper Road Surgery

Vesper Road Surgery is a member of the Leeds West Clinical Commissioning Group (CCG). General Medical Services (GMS) are provided under a contract with NHS England. They also offer a range of enhanced services, which include:

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

Vesper Road is located at 43 Vesper Road, Leeds LS5 3QT which is in a suburb of Leeds, with a branch surgery located at Morris Lane, Leeds.

The practice is situated in an urban area of Leeds in the lowest 30% of deprived areas in England. There are facilities for people with disabilities and all patients areas are on the ground floor. There are no car parking facilities on site, but road side parking is available.

The practice has a patient list size of 6186 which is made up of predominantly white British, with an almost 50:50 ratio of male and female patients.

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

The practice is open between 8am to 8pm Monday and Thursday and 7am to 7pm Fridays at Vesper Road, and between 9am and 6pm Monday to Friday at Morris Road Surgery. At weekends on Saturday and Sunday from 8am to 4pm, the practice provides cover arrangement in partnership with 12 other neighbourhood GPs, through a hub arrangement. 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.)

We were informed that the practice did not use salaried or locum doctors and had not used a locum doctor for eight years, providing medical cover arrangements by the four partners.

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

Detailed findings

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 West 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 (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 14 September 2016. During our visit we:

- Spoke with a range of staff, which included
- Spoke with patients
- Reviewed questionnaires circulated to non-clinical staff prior to the inspection and spoke to them during the course of their work.
- Reviewed comment cards where patients and members of the public shared their views.
- Observed how patients were care for before and after their consultation.
- 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 who would then complete the relevant documentation. The practice was also aware of their wider duty to report incidents to external bodies such as Leeds West 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, and 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, when a practice nurse gave a patient an incorrect immunisation the practice reviewed the system and ensured that the childhood immunisation schedule was placed in every clinical room to ensure the clinicians were sure of the immunisation timetable.
- All significant events relating to medicines were monitored by the local CCG medicines management team. Any concerns/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.

- Arrangements which reflected relevant legislation and local requirements were in place 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. acted in the capacity of safeguarding lead and had been trained to the

- Staff had received training relevant to their role and could demonstrate their understanding of safeguarding.
- 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.)
- 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 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. However, we did not observe any system in place to ensure the regular cleaning of clinical equipment.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. 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).

Are services safe?

- 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 term for a particular 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.
- All electrical and clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order.
- Arrangements were in place 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,
- 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 in hard 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 peoples' 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.
- GPs attended CCG meetings with other practices, to look at the joint needs assessment of the local area.
- The practice linked with consultant colleagues for rapid opinions by using a derma scope, which was able to send pictures of skin lesions to specialists for opinions, and was able to send electronically electro cardio graphs by a 'ECG cloud cardiology service' to heart specialists for accurate readings of the trace. These services ensured that patients had rapid specialist's assessments without the need to attend hospital in many cases. A total of 89 patients benefited from remote consultant assessment from the two services.

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 99.5% of the total number of points available, with 12% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a

review meeting or certain medicines cannot be prescribed because of side effects). The exception reporting was 4% higher than the CCG average of 8%. There was no specific reason identified for this difference. Data showed:

- Performance for some diabetes related indicators was in line or higher than the CCG and national averages. For example, 89% 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 higher than the CCG and national averages. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months; CCG and England 88%.

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

- The prescription of Naproxen and Ibuprofen (non steroid anti-inflammatory drugs) demonstrated the practice was prescribing lower levels of these types of drugs than other practices. Quarterly audits over 12 months evidenced an improvement in prescription practice bringing them within benchmarked norms.

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.
- 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

Are services effective?

(for example, treatment is effective)

training which had included an assessment of competence. Staff who administered vaccines could not demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussions with other specialist clinicians. The practice said they would review the immunisation update system the nurses accessed.

- 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 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, were 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 was 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 clinical notes.

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 Vesper Road Surgery:

- Participated in Leeds West Clinical Commissioning Group (CCG) initiatives to reduce the rate of elderly patients' acute admission to hospital. A recognised 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.
- Provided minor surgery procedures.
- Had good working relationships with local the neighbourhood team and health trainers, to support patients with any additional health or social needs.
- 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 90%, compared to the CCG average 79% 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.

Are services effective?

(for example, treatment is effective)

- Carried out immunisations in line with the childhood vaccination programme. Uptake rates were comparable to the CCG averages. For example, children aged up to 24 months ranged from 89% to 100% (CCG average 87% to 97%) and for five year olds they ranged from 93% to 98% the same as the CCG average.
- Offered health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken. In addition, health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.
- The practice had access to a recognised weight loss programme provided in the surgery, funded by the CCG.

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.

The one patient Care Quality Commission comment cards we received was positive about the service experienced. The nine patients we spoke to 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 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:

- 94% of respondents said the last GP they saw or spoke to was good at listening to them (national average 89%)
- 93% of respondents said the last GP they saw or spoke to was good at giving them enough time (national 87%)
- 94% of respondents said the last GP they spoke to was good at treating them with care and concern (national 85%)
- 96% of respondents said the last nurse they saw or spoke to was good at listening to them (national 91%)

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

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 above or in line with other local and national practices. For example:

- 88% of respondents said the last GP they saw was good at involving them in decisions about their care (national average 82%)
- 95% of respondents said the last GP they saw was good at explaining tests and treatments (national 86%)
- 88% of respondents said the last nurse they saw was good at involving them in decisions about their care (national 85%)
- 92% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (national 90%)

Patient and carer support to cope emotionally with care and treatment

There was carers' policy and register in place. Patients who were identified as being a carer had an alert on their electronic record to notify staff. There were 61 patients registered by the practice as carers which represent 1% of the practice population. They were offered additional support as needed and signposted to local carers' support groups.

Are services caring?

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 West 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 is open between 8am to 8pm Monday and Thursday and 7am to 7pm Fridays at Vesper Road, and between 9am and 6pm Monday to Friday at Morris Road Surgery. At weekend the practice provides cover arrangement in partnership with 12 other neighbourhood GPs, providing extended services from a hub between 8am and 4pm Saturday and Sunday. When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

We were informed the practice took into account individual needs of patients when accessing the practice.

Data from the national GP patient survey showed respondents rated the practice better or in line with local and national practices. For example:

- 82% of respondents were fairly or very satisfied with the practice opening hours (national average 78%)
- 81% of respondents said they could get through easily to the surgery by phone (national 73%)
- 96% of respondents said the last appointment they got was convenient (national 92%)

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 reception area to help patients understand the complaints system.

There had been four 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 the highest standard of care by remaining patient focused at all times, with a culture of transparency and constant learning.
- The practice had a 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 strong patient centred ethos amongst 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 were implemented, 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.
- Arrangements were in place for identifying, recording and managing risks.
- Business continuity and comprehensive succession planning in place. For example, the practice had joint plans with other local practices to ensure that patient services could be made available in catastrophic circumstances.

Leadership and culture

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty 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, however, there was no evidence of whole team meetings.
- 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 GPs promoted the learning and development of staff.

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

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

- Patients who were members of the patient participation group (PPG). The PPG met regularly, carried out patient's surveys and felt confident in submitting proposals for improvements to the practice.
- The NHS Friend and Family Test, complaints and compliments received.
- 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.

Are services well-led?

Good 

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

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 recently 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.

- The practice continues to work with 12 other practices to deliver seven day a week services.
- The practice embraced technology and provided services that enhanced patient care such as the electronic transfer of information to specialists to aid rapid diagnostics, for example use of the derma scope and the ECG Cloud.