Oakley Medical Practice

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oakley Medical Practice on 23 February 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 practice was aware of and complied with the requirements of the duty of candour (being open and transparent with people who use the service, in relation to care and treatment provided). The partners encouraged a culture of openness and honesty, 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.
- There was a clear leadership structure and a stable workforce in place. Staff were aware of their roles and responsibilities and told us the GPs and manager were accessible and supportive. The practice promoted an all inclusive approach amongst staff.
- Risks to patients were assessed and well managed. There were good governance arrangements and appropriate policies in place.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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 was available for patients.
- There was a complaints policy and clear information available for patients who wished to make a complaint.
- Patients said they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.

Summary of findings

- Patients were positive about access to the service. They said they found it easy to make an appointment, there was continuity of care and urgent appointments were available on the same day as requested.
- Longer appointments were given to those patients requiring interpreter services.
- A small number of identified patients with complex needs were fast tracked for access to a clinician.
- 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.
- The ethos of the practice was to deliver good patient centred care.

We saw two areas of outstanding practice:

- The practice worked closely with a local nursing home, a named GP attended on a weekly basis providing support to patients and staff as needed. The nursing home manager verbally confirmed there had been a reduction in unplanned hospital admissions as a result of the interventions by the practice. Unfortunately, due to a recent change in home ownership they could not provide the written statistics to evidence the reductions.
- The national GP patient survey results showed satisfaction rates were significantly higher than the local and national averages.

However, there were two areas where the practice should make improvements:

- Ensure oxygen is available on the premises, in case of urgent need by a patient.
- Ensure all staff receive an agreed formalised annual appraisal and personal development plan.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- Risks to patients were assessed and well managed
- There was a nominated lead and systems in place regarding the reporting and recording of significant events. Lessons were shared to ensure action was taken to improve safety in the practice. All staff were encouraged and supported to record any incidents using the electronic reporting system.
- There was a nominated lead for safeguarding children and adults. Systems were in place to keep patients and staff safeguarded from abuse.
- There were processes in place for safe medicines management. There was a formal record which showed vaccines were checked but none in place for checking emergency equipment and medicines. However, staff assured us regular checks were undertaken and a formal record would be kept in future.
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose.
- The nurses were the leads for infection prevention and control.

Are services effective?

Good

The practice is rated as good for providing effective services.

- 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.
- Weekly clinical meetings 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 patients' needs.
- Clinical audits were undertaken and could demonstrate quality improvement.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to both local and national figures.
- There was some evidence of appraisals and personal development plans for all staff, however, these were not done on a formal basis. We were reassured a more formal approach would be taken.

Summary of findings

Are services caring?

Good

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.
- Information for patients about the services available was easy to understand and accessible.
- Data from the National GP patient survey showed that patients rated the practice significantly higher than other local practices. Patients we spoke with and comments we received were all extremely positive about the care and service the practice provided. They told us they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

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

Are services well-led?

Good

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.

Summary of findings

- There were governance arrangements which included monitoring and improving quality, identification of risk, policies and procedures to minimise risk and support delivery of quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The GPs and practice manager encouraged a culture of openness and honesty.
- There were systems in place for being aware of notifiable safety incidents and sharing information with staff to ensure appropriate action was taken
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.
- Staff informed us they felt very supported by the GPs and practice management.

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

Good

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

- The practice provided proactive, responsive and person centred care to meet the needs of the older people in its population. Home visits and urgent appointments were available for those patients in need.
- 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.
- Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission.
- Health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.
- The practice worked closely with a local nursing home, providing weekly 'ward rounds' and support as needed. The nursing home manager confirmed there had been a reduction in unplanned hospital admissions as a result of interventions by the practice.
- Weekly meetings were undertaken with a community Consultant for older people to case review any patients of concern.
- Those patients who were at an increased risk of isolation and unplanned hospital admission were referred to Age UK for additional support.

People with long term conditions

Good

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

- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. The practice nurses had lead roles in the management of long term conditions.
- Patients who were identified most at risk of hospital admission were identified as a priority.
- The practice delivered care for patients using an approach called The House of Care model. This approach enabled

Summary of findings

patients to have a more active part in determining their own care and support needs in partnership with clinicians. It was used with all patients who had diabetes, chronic obstructive pulmonary disease (COPD) or coronary heart disease.

- 100% of newly diagnosed diabetic patients had been referred to a structured education programme in the last 12 months, compared to 87% locally and 90% nationally.
- 86% of patients diagnosed with asthma had received an asthma review in the last 12 months, compared to 75% locally and nationally.
- 95% of patients diagnosed with COPD had received a review in the last 12 months, compared to 88% locally and 90% nationally.
- Longer appointments and home visits were available when needed.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. All children who required an urgent appointment were seen on the same day as requested.
- The practice worked with midwives, health visitors and school nurses to support the needs of this population group. For example, the provision of ante-natal, post-natal and child health surveillance clinics.
- Uptake rates were high for all standard childhood immunisations, achieving 100% for many vaccinations.
- Sexual health, contraceptive and cervical screening services were provided at the practice.
- 79% of eligible patients had received cervical screening, compared to 82% both locally and nationally.

Working age people (including those recently retired and students)

Good

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

Summary of findings

- The needs of these patients had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Saturday morning clinics were offered during the Winter Pressure Scheme from November 2015 until the end of March 2016.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. For example, cervical screening and the early detection of COPD 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 75 who had not seen a GP in the last three years.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances and regularly worked with multidisciplinary teams in the case management of this population group.
- Double length appointments were given to those patients who required interpreter services.
- The practice had identified a small number of vulnerable patients with complex needs, who were to be fast tracked for appointments and access to a clinician. All staff were aware of these patients.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The 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).
- Those patients who were on the autistic spectrum disorder were coded on the computer system. This alerted clinicians to provide additional support as needed.
- Information was provided on how to access various local support groups and voluntary organisations.
- As part of the blood borne virus screening programme, HIV, Hepatitis B and C testing were offered to all new patients aged between 16 and 65. Testing was also offered to those patients who were thought to be 'at risk'.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team. Patients and/or their carer were given information on how to access various support groups and voluntary organisations, such as Carers Leeds.
- One of the GP partners up until recently had been the mental health clinical lead for the CCG, providing education and support to other local practices.
- 94% of patients diagnosed with dementia had received a face to face review of their care in the last 12 months, which was comparable to the local and national averages.
- 94% of patients who had a severe mental health problem had received an annual review in the past 12 months and had a comprehensive, agreed care plan documented in their record. This was higher than both the local and national average of 88%.
- 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 340 survey forms of which 115 were returned. This was a response rate of 34% which represented 2% of the practice patient list. The results published in January 2016 showed the practice was performing above average compared to local and national averages. For example:

- 91% of respondents described their overall experience of the practice as fairly or very good (locally 82%, nationally 85%)
- 87% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (locally 75%, nationally 78%)
- 82% of respondents described their experience of making an appointment as good (locally 70%, nationally 73%)
- 98% of respondents said they had confidence and trust in the last GP they saw or spoke to (locally 94%, nationally 95%)
- 95% of respondents said they had confidence and trust in the last nurse they saw or spoke to (locally 96%, nationally 97%)

As part of the inspection process we asked for Care Quality Commission (CQC) comment cards to be completed by patients. We received 13 comment cards, all of which were positive, many using the word 'excellent' to describe the service and care they had received and citing staff as being friendly and caring.

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

The results of the most recent NHS Friend and Family Test (January 2016) showed that 100% of respondents said they would be extremely likely or likely to recommend Oakley Medical Practice to friends and family if they needed care or treatment.

Areas for improvement

Action the service SHOULD take to improve

- Ensure oxygen is available on the premises, in case of urgent need by a patient.
- Ensure all staff receive an agreed formalised annual appraisal and personal development plan.

Outstanding practice

- The practice worked closely with a local nursing home, a named GP attending on a weekly basis providing support to patients and staff as needed. The nursing home manager verbally confirmed there had been a reduction in unplanned hospital admissions as a result of the interventions by the practice. Unfortunately due to a recent change in home ownership they could not provide the written statistics to evidence the reductions.
- The national GP patient survey results showed satisfaction rates were significantly higher than the local and national average.

Oakley Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a CQC Lead Inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to Oakley Medical Practice

Oakley Medical Practice has been situated in purpose built premises since 1994, located in one of the more deprived areas of Leeds and is part of the Leeds South and East Clinical Commissioning Group (CCG). The building has recently been modernised and redesigned to include additional consulting rooms, storage space and double automatic doors at the entrance of the building; to facilitate easier access for wheelchair users. There is a small car park on site and additional parking on nearby streets.

The practice patient list size is 4,992 with a higher than national average of patients who are aged between 0 to 35 years. There is a higher than average unemployment rate of 13%, compared to 8% locally and 5% nationally. Fifty percent of patients are white British. The rest of the practice population consists of patients who are of Asian, African or Eastern European origin.

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

The practice is open Monday to Friday 8am to 6pm, with the exception of Wednesday when it is closed from 1pm. Saturday morning appointments are available from November 2015 to March 2016 under the Winter Pressure Scheme. When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

There are three GP partners, two female and a male, who are supported by a female sessional GP and a female locum GP. The practice is also staffed by three female practice nurses, a practice manager, an administrator, a secretary and a team of three administration and reception staff.

Personal Medical Services (PMS) are provided under a contract with NHS England. The practice is registered 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 such as influenza, pneumococcal and childhood immunisations.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Leeds South and East CCG, to share what they knew about the practice. We reviewed the latest data (2014/15) 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 23 February 2016. During our visit we:

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- There was a nominated lead who dealt with any significant events and ensured a thorough analysis was carried out.
- There was an open and transparent 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.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a recorded significant event showed a referral had not been sent within the 48 hour timescale. As a result the practice had ensured all staff members were aware of the timescales and training provided as appropriate.

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. 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.

The practice told us it had a strong 'no blame' culture that encouraged staff to be open and transparent with colleagues and patients if there was an incident or error.

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. A GP acted in the capacity of safeguarding lead and had been trained to the appropriate level three. We were told the 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. Staff had received training relevant to their role and could demonstrate their understanding of safeguarding. 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).
- 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. The practice nurses shared the role of infection prevention and control (IPC) lead. There was an IPC protocol in place and staff had received up to date training. We saw evidence that an IPC audit had taken place and action was taken to address any improvements identified as a result.
- There were arrangements in place for managing medicines, emergency drugs and vaccinations to keep patients safe. These included the obtaining, prescribing, recording, handling, storage and security. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions, in line with legislation, had been adopted by the practice to allow nurses to administer medicines.
- Support was provided by a CCG pharmacy technician to ensure appropriate and effective prescribing was taking

Good

Are services safe?

place, review medicines in line with the most recent safety updates and audit antibiotic prescribing. Other medicine audits were carried out to ensure the practice was prescribing in line with guidance.

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme. 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.
- We reviewed four personnel files and found recruitment checks had been undertaken in line with the practice recruitment policy. However, although we were reassured DBS checks had taken place, the practice did not routinely keep a hard copy of evidence. We were assured they would do this in future.

Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.

We were informed all electrical and clinical equipment were regularly tested and calibrated to ensure it was safe to use and in good working order.

There were arrangements 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 consulting and treatment rooms which alerted staff to any emergency.
- All staff were up to date with fire and basic life support training.
- There was emergency equipment available, which included a defibrillator. However, there was no oxygen available as the practice informed us they had good access to first responder services. This was discussed further with the practice, who reassured us they would organise oxygen to be available on the premises in future.
- 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.

Good

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.
- Laminated copies of Leeds health care pathways were visible in all consulting rooms, for easy access by clinicians. These were also available electronically on the practice computer.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- A GP and nurse attended bi-monthly 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 worked closely with a local nursing home, the majority of whose residents had dementia and/or complex needs. There was a named GP who attended on a weekly basis to provide care and support to patients as needed. Holistic assessment of need was undertaken, which included a falls risk and the impact of increasing frailty. All the residents who were registered with the practice (40 in total) had a detailed care plan in place, which included personal choice and preference regarding place of care if they were deteriorating in health. The plans were also agreed with relatives, carers or advocates as appropriate. Comprehensive end of life care planning was in place, along with mental capacity assessments and Deprivation of Liberty Safeguards (DoLS); which aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The practice and nursing home manager verbally informed us there had been a reduction in call outs to the home as a result of their regular attendance and education of staff.

The nursing home manager we spoke with also verbally confirmed there had been a reduction in unplanned admissions as a result of the interventions by the practice. Although the statistics showing the reductions had been submitted through the Commissioning for Quality and Innovation (CQUIN) framework unfortunately, due to a recent change in home ownership, they were unable to provide written statistics to evidence the reductions.

One of the GP partners was the nominated Quality and Outcomes Framework (QOF) lead for the practice (QOF is a system intended to improve the quality of general practice and reward good practice). Information collected for QOF was used to monitor outcomes for patients. 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 97% of the total number of points available, with 7% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data showed:

- 79% of patients with diabetes had an HbA1C result which was within normal parameters, compared to 73% locally and 77% nationally. (HbA1c is a blood test which can help to measure diabetes management.)
- 95% of patients with diabetes had received a foot examination and a risk classification for potential problems, compared to 88% locally and nationally.
- 92% of patients with hypertension had a blood pressure reading which was within normal parameters, compared to 84% locally and nationally.
- 94% of patients with dementia had received a face to face review of their care, compared to 88% locally and 84% nationally.

The practice participated in local audits, national benchmarking, accreditation and peer review. Clinical audits demonstrated quality improvement. There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken as a result of audit included standardising the diagnosis and prescribing patterns for urinary tract infections (UTIs).

Good

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- Staff had received mandatory training that included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics. Staff were also supported to attend role specific training and updates, for example the management of long term conditions.
- There was some evidence of appraisals for staff, however these were not done on a formal, annual basis. We were reassured a formal approach would be taken using a template, identifying a personal development plan and a copy given to the member of staff.
- All the GPs were up to date with their revalidation and appraisals.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to clinical staff in a timely and accessible way through the practice patient record system and their intranet system. This included risk assessments, care plans, medical records, investigation and test results. 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 regularly reviewed and updated as needed. The practice could evidence how they followed up after discharge those patients who had an unplanned hospital admission or had attended accident and emergency (A&E).

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 quarterly basis.

Consent to care and treatment

Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005. Patients' consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, the GP or nurse assessed this and, where appropriate, recorded the outcome of the assessment.

When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as Gillick competency. (This is used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.)

Supporting patients to live healthier lives

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

Patients had access to appropriate 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. The practice also offered blood borne virus testing for HIV, Hepatitis B and Hepatitis C, for all new patients aged between 16 and 65 and those patients who were 'at risk'.

The practice had good working relationships with the local neighbourhood team and health trainers, to support patients with any additional health or social needs. They also had good links with a local Asian community centre and had previously delivered educational sessions there.

The practice encouraged its patients to attend national screening programmes for cervical, bowel and breast cancer. The uptake rates for cervical screening were 79%, compared to 82% both locally and nationally. We were informed of ways in which the practice encouraged eligible patients to attend by offering structured clinics, general appointments and also opportunistic screening. The

Good

Are services effective?

(for example, treatment is effective)

practice also telephoned patients and sent out reminders. There was a nominated 'practice champion' who promoted the benefits of bowel screening and followed up patients who did not attend for the screening.

The practice 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 82% to 100%.

The practice provided a comprehensive sexual health service, which included coil and implant fittings undertaken by a female GP.

Patients who were concerned regarding memory loss or any dementia-like symptoms were encouraged to make an appointment with a clinician. A recognised dementia identification tool was used with the patient's consent to assess any areas of concern. The practice had good links with the local memory service and referred patients as needed.

Weekly meetings were undertaken with the community Consultant for older people to case review any patients of concern, in order to ensure appropriate care and support was provided. There were good links with Age UK and patients who were at increased risk of isolation or an unplanned hospital admission were referred for additional support.

Those patients who were on the autistic spectrum disorder were coded, which enabled additional support to be provided as needed for both the patient and/or carer.

Good

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.

Data from the January 2016 national GP patient survey showed respondents rated the practice higher than the local and national averages to the majority of questions regarding how they were treated. For example:

- 99% of respondents said the last GP they saw or spoke to was good at listening to them (locally 87%, nationally 89%)
- 93% of respondents said the last nurse they saw or spoke to was good at listening to them (locally 92%, nationally 91%)
- 95% of respondents said the last GP they saw or spoke to was good at giving them enough time (locally 85%, nationally 87%)
- 93% of respondents said the last nurse they saw or spoke to was good at giving them enough time (locally 92%, nationally 91%)
- 95% of respondents said the last GP they spoke to was good at treating them with care and concern (locally 82%, nationally 85%)
- 92% of respondents said the last nurse they spoke to was good at treating them with care and concern (locally 90%, nationally 91%)

All of the 13 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Double length appointments were given to those patients requiring interpreter services, who were non-English speaking, to support them in decision making.

Directly after their consultation with the GP, patients were signposted to the secretary who organised all the choose and book appointments. This gave patients the time and privacy to think about their choices, without feeling rushed and the need to return for a further appointment. The practice and patients reported this system worked effectively.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above the local and national averages. For example:

- 96% of respondents said the last GP they saw was good at involving them in decisions about their care (locally 80%, nationally 81%)
- 88% of respondents said the last nurse they saw was good at involving them in decisions about their care (locally 85%, nationally 85%)
- 94% of respondents said the last GP they saw was good at explaining tests and treatments (locally 85%, nationally 86%)
- 93% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (locally 89%, nationally 90%)

Patient feedback on the comment cards we received was also positive and aligned with these views.

The House of Care model was used with patients who had diabetes, chronic obstructive pulmonary disease (a disease

of the lungs) or coronary heart disease (CHD). This approach enabled patients to have a more active part in determining their own care and support needs in partnership with clinicians. Individualised care plans for those patients were maintained, which included how to manage an exacerbation in symptoms and any anticipatory medicine which may be required.

Patient and carer support to cope emotionally with care and treatment

There was a carers' register in place and those patients had an alert on their electronic record to notify staff. Carers were offered additional support as needed and signposted to local carers' support groups. We saw there were notices in the patient waiting area, informing patients how to access a number of support groups and organisations. The practice worked closely with Carers Leeds, which was the main carers' centre for the city. 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.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Home visits were available for patients who could not physically access the practice.
- Urgent access appointments were available for children and patients who were in need.
- There were disabled facilities and a hearing loop in place.
- Longer appointments were given to those patients requiring interpreter services.
- The practice had identified a small number of vulnerable patients with complex needs, who were to be fast tracked for appointments and access to a clinician. All staff were aware of these patients.

Access to the service

The practice was open between 8am to 6pm Monday to Friday, with the exception of Wednesday when it was closed to patients from 1pm. Saturday morning appointments were available from November 2015 to March 2016 under the Winter Pressure Scheme. When the practice was closed out-of-hours services were provided by Local Care Direct or by calling the NHS 111 service.

GP appointments were available 8.30am to 12 midday Monday to Friday, 3pm to 5.30pm Monday, Friday and 2pm to 5.30pm Tuesday, Thursday.

Appointments could be booked up to three months in advance, same day appointments were available for people that needed them. Telephone consultations were sometimes held by clinicians, dependent on the need of the patient. We were informed the practice manager monitored the waiting times for routine appointments and looked at demand and capacity on a regular basis.

Results from the national GP patient survey showed that satisfaction rates regarding how respondents could access care and treatment from the practice were higher than local and national averages. For example:

- 80% of respondents were fairly or very satisfied with the practice opening hours (locally 74%, nationally 75%)
- 91% of respondents said they could get through easily to the surgery by phone (locally 69%, nationally 73%)
- 86% of respondents were able to get an appointment to see or speak to someone the last time they tried (locally 83%, nationally 85%)
- 94% of respondents said the last appointment they got was convenient (locally 91%, nationally 92%)

Patients we spoke with on the day of inspection told us they were generally able to get appointments when they needed them; many of them had received an appointment for the same day as requested. Many told us they didn't generally ask for a specific GP but were happy with the care they received from all clinicians.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was information displayed in the waiting area to help patients understand the complaints system.
- There was a designated responsible person who handled all complaints in the practice.
- All complaints and concerns were discussed at the practice meeting.
- The practice kept a register for all written complaints.

There had been four complaints received in the last 12 months. We found they had been satisfactorily handled and had identified any actions. Lessons were learnt and action was taken to improve quality of care as a result.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. There was a statement of purpose in place which identified the practice values.

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 that there was:

- A clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies in place and available to all staff. Not all hard copies were in date as they had been in the process of putting all policies online, via an icloud system, for easier access to staff. However, the practice had recently encountered a technical online issue and had 'lost' some of the online policies and were in the process of updating and reloading them onto the computer system.
- A comprehensive understanding of practice performance.
- A programme of continuous clinical and internal audit which was used to monitor quality and drive improvements.
- Robust arrangements for identifying, recording and managing risks.
- Business continuity and comprehensive succession planning in place, for example training staff to cover other roles within the practice.

Leadership and culture

The GPs in the practice had the experience to run the practice and ensure high quality care. They were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. One of the GP partners had recently been the mental health clinical lead for the CCG, providing education and support to other local practices. Each of the GP partners had a leadership role in specific areas, such as sexual health, mental health, dermatology and prescribing.

The provider was aware of and complied with the requirements of the duty of candour. There was a culture of openness and honesty in the practice. There were systems in place for being aware of notifiable safety incidents. We were informed that when there were unexpected or unintended safety incidents, patients affected were given reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place. Staff told us the GPs and practice manager were visible, approachable and took the time to listen. Systems were in place to encourage and support staff to identify opportunities to improve service delivery and raise concerns. Regular meetings were held where staff had the opportunity to raise any issues, felt confident in doing so and were supported if they did. There was a stable workforce and staff said they felt respected, valued and appreciated.

The GPs promoted learning and development within the practice. Many staff told us about training they had undertaken and how they were supported to develop in their roles.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients through the patient participation group (PPG), patient surveys, the NHS Friend and Family Test, complaints and compliments received. The PPG had quarterly face to face meetings. They were engaged with the practice and made recommendations, which were acted upon. For example, development and design of the practice patient survey questionnaire.

The practice also gathered feedback from staff through meetings, discussion and the appraisal process. Staff told us they felt involved and engaged in the practice to improve service delivery and outcomes for patients.

There was a practice newsletter produced for patients each quarter, which promoted self-care, health advice and information about services the practice provided.

Continuous improvement

Are services well-led?

Good

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

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, working with other practices to provide additional services during the winter season. In addition, the practice 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 had recently employed the services of an external agency to ensure they had robust recruitment and human resource (HR) systems in place.

The GP partnership was relatively new, being formed by the current partners in 2015. We were informed of their future plans for the practice and delivery of services. One of the GP partners was in the process of applying to become a GP trainer, as they had a strong interest in the training and development of doctors who wished to work in general practice.