

Allerton Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Allerton Medical Centre on 12 April 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:

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Patients were positive about access to the service. They said they found it easy to make an appointment, there was continuity of care and urgent appointments were available on the same day as requested.
- The practice sought patient views on 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 complaints policy and clear information available for patients who wished to make a complaint.
- Information regarding the services provided by the practice was readily available for patients.
- The practice had good facilities and was well equipped to treat and meet the needs of patients.
- There was a dedicated telephone line to support timely access to the practice by secondary care, mental health teams and care homes.
- Risks to patients were assessed and well managed. There were good governance arrangements and appropriate policies in place.
- The practice was aware 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 the care and treatment of patients.)
- 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.

Summary of findings

- 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.
- The ethos of the practice was to provide good quality services and care for their patients.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Risks to patients were assessed and well managed
- There was a nominated lead and systems in place for 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 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.
- Staff had access to policies and procedures through the practice electronic document system.

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.
- Weekly meetings were held between the clinicians to discuss patient care and complex cases.
- Staff worked with other health and social care professionals, such as the community matron, district nursing and health visiting teams, to meet the range and complexity of patients' needs.
- Clinical audits were undertaken which could demonstrate quality improvement.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to both local Clinical Commissioning Group (CCG) and national (England) figures.
- Staff had annual appraisals, which enabled areas of development to be identified.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- The practice had a patient-centred culture and we observed that staff treated patients with kindness, dignity, respect and compassion.
- Information regarding the services provided by the practice was readily available for patients.
- Data from the national GP patient survey showed that patient satisfaction rates for the practice were higher than other practices within the CCG.
- 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?

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 North CCG to secure improvements to services where these were identified.
- 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.

Good



Are services well-led?

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

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were governance arrangements which included monitoring and improving quality, the 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 partners encouraged a culture of openness and honesty.

Good



Summary of findings

- There were systems in place for reporting 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.
- The ethos of the practice was to provide good quality services and care for their patients.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice provided proactive, responsive and personalised care to meet the needs of the older people in its population.
- Home visits and urgent appointments were available for those patients in need.
- Longer appointments were provided for those patients with complex needs.
- 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.
- The practice had patients who were resident in two local care homes. All these patients had care plans in place.
- Patients who were lonely or isolated were signposted to other services.

People with long term conditions

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

Good



- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. The practice nurses had lead roles in the management of long term conditions.
- Longer appointments and home visits were available when needed.
- Patients who were identified most at risk of hospital admission were identified as a priority.
- The practice had recently commenced using an approach called the House of Care for patients who had diabetes. This approach enabled patients to have a more active part in determining their own care and support needs.
- 88% of newly diagnosed diabetic patients had been referred to a structured education programme in the last 12 month, compared to 87% locally and 90% nationally.

Summary of findings

- 88% of patients diagnosed with asthma had received an asthma review in the last 12 months, compared to 75% locally and nationally.
- 96% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received a review in the last 12 months, compared to 88% locally and 90% nationally.
- Medication reviews were undertaken with this group of patients, to ensure medicine optimisation and effectiveness.
- The practice had in-house electrocardiogram (ECG), ambulatory blood pressure, spirometry and phlebotomy services, to prevent patients from unnecessary attendance at secondary care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. All children who required an urgent appointment were seen on the same day as requested.
- The practice worked with midwives, health visitors and school nurses to support the needs of this population group. For example, the provision of ante-natal, post-natal and child health surveillance clinics.
- Immunisation uptake rates were high for all standard childhood immunisations, achieving up to 100% for many vaccinations.
- Sexual health, contraceptive and cervical screening services were provided at the practice.
- The practice participated in the C-Card Scheme; which supported young people under the age of 25 access to free condoms.
- 83% of eligible patients had received cervical screening, compared to 82% locally and nationally.
- Appointments were available with both male and female GPs.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of these patients had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments from 7am were available three mornings per week.
- Telephone consultations were available.
- Patients were sent text reminders when an appointment was booked.
- The practice was proactive in offering online services, such as the ordering of repeat prescriptions.
- Health checks were offered to patients aged between 40 and 75 who had not seen a GP in the last three years.
- Screening for early detection of chronic obstructive pulmonary disease (a disease of the lungs) was available for patients aged 40 and above who were known to be smokers or ex-smokers.

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.
- The practice had close links with two care homes for patients who had learning disabilities. These patients had an annual review of their health needs.
- 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 children on their patient list, 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).
- Information on how to access various local support groups and voluntary organisations was available and patients were signposted to these services as needed.
- The practice undertook Alcohol Use Disorders Identification Test Consumption (Audit C) screening on appropriate patients, and referred them to alcohol misuse services as identified.

Summary of findings

- 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'.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team. Patients and/or their carers were given information on how to access various support groups and voluntary organisations, such as Carers Leeds.
- The practice had identified patients who were carers in order to ensure appropriate support was provided as needed.
- With their consent, dementia screening was undertaken opportunistically with appropriate patients and those who presented with memory impairment.
- 82% 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.
- 92% of patients with a severe mental health problem had a comprehensive, agreed care plan documented in their record, in the preceding 12 months, compared to both the local and national average of 88%.
- Staff had a good understanding of how to support patients who had mental health needs or dementia.
- The practice actively recalled patients who had mental health issues and were on depo-provera injections for contraception purposes.

Good



Summary of findings

What people who use the service say

The national GP patient survey distributed 318 survey forms, of which 116 were returned. This was a response rate of 37% which represented 2% of the practice patient list. The results published in January 2016 showed the practice was performing above average compared to local CCG and national (England) averages. For example:

- 93% of respondents described their overall experience of the practice as fairly or very good (CCG 82%, national 85%)
- 81% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG 75%, national 78%)
- 79% of respondents described their experience of making an appointment as good (CCG 70%, national 73%)
- 95% of respondents said they found the receptionists at the practice helpful (CCG 85%, national 87%)
- 100% of respondents said they had confidence and trust in the last GP they saw or spoke to (CCG 94%, national 95%)

- 98% of respondents said they had confidence and trust in the last nurse they saw or spoke to (CCG 96%, national 97%)

As part of the inspection process we asked for Care Quality Commission (CQC) comment cards to be completed by patients. We received 35 comment cards, all of which were positive. Many used the word 'excellent' to describe the service and care they had received and cited staff as being professional, friendly, helpful and caring.

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

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

Allerton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a CQC Inspector and a GP specialist advisor.

Background to Allerton Medical Centre

Allerton Medical Centre is a member of Leeds North Clinical Commissioning Group (CCG) and is located on Montreal Avenue in Chapel Allerton, which is in one of the lesser deprived areas of Leeds.

The practice has been operating since 1968 and is based in premises which are owned by the GP partners. The building is an old converted house with an extension and consists of three consulting rooms, one treatment room and several administration offices. There are consulting rooms on both the ground and first floor; which is only accessible via stairs. There is also a portakabin located in the grounds next to the main building. This is used mainly by the health care assistant and midwife. It was also made available for any patients who have mobility problems and would find access within the main building difficult. There is a small car park and street parking available for patients. It is not far from a main road and access to public transport. They have good links with the local pharmacies.

We were informed of the issues regarding the building which had resulted in the siting of portakabin. The practice had been looking at alternative premises for some time to no avail due to a variety of financial and location constraints. The practice were continuing to look at how improvements to the premises or location could be made.

The practice has a patient list size of 6,146, with a higher than national average of patients who are aged between 25 and 35. There is a lower than average number of patients who are unemployed; 4% compared to 8% nationally. There are a small number of registered patients who are residents in two local care homes and a residential setting for people who have a learning disability or autism.

The practice is open between 8am to 6pm Monday and Thursday, and from 7am to 6pm Tuesday, Wednesday and Friday. 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 male and a female. The practice is also staffed by two practice nurses, a health care assistant (all female), a practice manager and a team of administration and reception staff. In the last 12 months the practice had experienced the retirement of two GP partners and a practice nurse.

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.)

General Medical Services (GMS) are provided under a contract with NHS England. The practice is registered with the Care Quality Commission (CQC) to provide the following regulated activities; maternity and midwifery services, family planning, diagnostic and screening procedures and the treatment of disease, disorder or injury.

The practice also offer a range of enhanced services, such as childhood vaccinations, influenza and pneumococcal immunisations, minor surgery, support for people with dementia or learning disabilities, improving online access and extended hours.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Leeds North CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (January 2016). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 12 April 2016. During our visit we:

- Spoke with a range of staff, which included GP partners, members of the nursing team, the practice manager and reception/administration staff.
- 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 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. Any national data quoted refers to England.

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 an open and transparent approach to safety. All staff were encouraged and supported to record any incidents using the electronic reporting system. Staff told us they would also verbally inform the practice manager of any incidents.
- There was evidence of good investigation, actions, learning and sharing mechanisms in place to improve safety in the practice. For example, a medicine had inappropriately been prescribed due to a contraindication. No harm was caused to the patient. This incident resulted in raising awareness with clinicians of the need for appropriate prescribing.
- We reviewed safety records, incident reports and minutes of meetings, such as clinical, where these were discussed.
- 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 told us it had a 'no blame' culture that encouraged staff to be open and transparent with colleagues and patients when things go wrong. The practice was also aware of their wider duty to report incidents to external bodies such as Leeds North CCG and NHS England.
- One of the GPs was lead for ensuring safety alerts were acted upon and cascaded to staff.

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 were accessible to staff and clearly outlined whom to contact for further guidance if they had any safeguarding concerns about a patient's welfare. If there were any concerns identified an alert was put on the patient's

record. A GP acted in the capacity of safeguarding lead and had been trained to the appropriate level three. We were told the GP safeguarding lead worked closely with health visitors and, although attendance at safeguarding case conferences was difficult, the practice always ensured that reports were submitted when requested. Staff had received training relevant to their role and could demonstrate their understanding of safeguarding. The practice could evidence there were five 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.) We were informed it was recorded in the patient's records when a chaperone had been in attendance and saw an example to support this.
- The practice maintained appropriate standards of cleanliness and hygiene. We saw there were up to date cleaning schedules and observed the premises to be clean and tidy. There was a nominated lead for infection prevention and control (IPC) and a policy was in place and accessible for all staff. We saw evidence that an IPC audit had taken place and actions had been taken to address any improvements identified as a result. Staff had received training from the local IPC team and had a good understanding of IPC.
- 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. All medicines and their expiry dates were recorded on the practice electronic document system. An alert was generated near to the expiry date. 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

Are services safe?

the practice to allow nurses to administer 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. For example, each quarter an audit was undertaken on a different antibiotic medicine.

- We reviewed three personnel files and found recruitment checks had been undertaken in line with the practice recruitment policy. For example, photographic proof of identification, references, qualifications, registration with the appropriate professional body and DBS checks.

Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. We saw:

- There was a health and safety policy accessible to staff and a recent health and safety compliance audit had been undertaken.
- Evidence of an up to date fire risk assessment and that the practice carried out regular fire drills. There was a fire safety policy which identified a 'responsible person'.
- There were other risk assessments to monitor safety of the premises, such as control of substances hazardous to health, asbestos and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.) A recent disability access audit had been undertaken, which identified areas for action such as provision of a designated disabled parking bay.
- All electrical and clinical equipment were regularly tested and calibrated, to ensure they were 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. Locum GPs were accessed through an approved agency, which undertook all the necessary professional and security checks.

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.
- Evidence that all staff were up to date with fire and basic life support training.
- There was emergency equipment available, which included a defibrillator and oxygen, with pads and masks suitable for adults and children.
- 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 and included emergency contact numbers for staff. The plan was available electronically and as a hard copy. We were informed there was a 'buddying' system with two local practices should assistance be needed in an emergency, for example with respect to the use of the computer system or consulting rooms.

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.

- There were systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. One of the GPs was the nominated lead to identify any new NICE guidance and cascade within the practice.
- The use of these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Clinicians attended CCG meetings to discuss local patient care management pathways.

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 and practice performance were discussed and any areas for action had been identified.

The most recent published results (2014/15) showed the practice had achieved 95% 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:

- Performance for diabetes related indicators was in line with the local CCG and national averages. For example, 95% of patients with diabetes had received a foot examination and a risk classification for potential problems, compared to 88% locally and nationally.
- Performance for mental health related indicators was below the local CCG and national averages. For

example, 83% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of alcohol consumption in the preceding 12 months, compared to 88% locally and 89% nationally.

The practice participated in local audits, national benchmarking, accreditation and peer review. Clinical audit was used as a means of improving services. For example, a completed clinical audit cycle regarding amoxicillin prescribing had been undertaken. (A completed audit should be a full cycle, which consists of the initial audit, evidence of the change implemented and a re-audit to demonstrate improvement.) The audit had identified a clinician was prescribing more of the medicine than other clinicians. An update of the latest guidance was provided and a re-audit showed significant improvements had been made.

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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff informed us how they remained up to date with the changes in the childhood immunisation programme, for example by accessing online resources.
- The learning needs of staff were identified through appraisals, significant events and practice development needs. Staff had access to e-learning, in-house and external training, clinical supervision and peer support. All staff had received an appraisal in the preceding 12 months.
- All GPs were up to date with their revalidation and appraisals.
- There was a comprehensive locum protocol and pack in place.

Are services effective?

(for example, treatment is effective)

We were informed of the changes in the nursing team they had experienced as a result of the retirement of a practice nurse. They had recently employed two new nurses, and we were told how they had been supported to attend training, access mentoring and how much the GPs and practice manager were available for day to day support.

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, which were 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, a clinical assessment was undertaken and the outcome recorded in the patient's notes.

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 and Fraser guidelines. (These are 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.)

We were informed of the consent process for patients who were having coils or implants fitted for contraception/

menstrual purposes. Written consent was obtained and scanned into the patient's record, the original was kept along with the details and batch number of the coil/implant.

Supporting patients to live healthier lives

The practice identified patients who may have been 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

The practice encouraged its patients to attend national screening programmes for cervical, bowel and breast cancer. Patients who had a learning disability were actively encouraged to attend screening and followed up if they did not attend. The uptake rates for cervical screening were 83%, compared to 82% both locally and nationally. The practice also telephoned patients and sent out reminders. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisations were carried out in line with the national vaccination programme. Uptake rates for children aged up to 24 months ranged from 96% to 100% and for five year olds they ranged from 96% to 100%. These were in line with national averages.

Patients had access to appropriate health assessments and checks, which included NHS health checks for people aged 40 to 75. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken. 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 provided a comprehensive sexual health service, which included coil and implant fittings undertaken by a female GP. They also participated in the C-Card Scheme; which supported young people under the age of 25 access to free condoms.

Are services effective?

(for example, treatment is effective)

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 purchased a dermatoscope, which was used to examine skin lesions more closely. This had been

used in the early detection of malignant and benign skin lesions. The GP who was trained in its use was auditing their referrals to secondary care to assess how accurate diagnosis was.

The practice had good working relationships with local the neighbourhood team to support patients with any additional health or social needs.

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 CCG and national average to the majority of questions regarding how they were treated. For example:

- 97% of respondents said the last GP they saw or spoke to was good at listening to them (local CCG 87%, nationally 89%)
- 90% of respondents said the last nurse they saw or spoke to was good at listening to them (local CCG 92%, nationally 91%)
- 92% of respondents said the last GP they saw or spoke to was good at giving them enough time (local CCG 85%, nationally 87%)
- 92% of respondents said the last nurse they saw or spoke to was good at giving them enough time (local CCG 92%, nationally 91%)
- 89% of respondents said the last GP they spoke to was good at treating them with care and concern (local CCG 82%, nationally 85%)
- 93% of respondents said the last nurse they spoke to was good at treating them with care and concern (local CCG 90%, nationally 91%)

All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Care planning and involvement in decisions about care and treatment

Patients told us they felt listened to and had sufficient time to make an informed decision about their care and choice of treatment available to them. Patients were offered choose and book appointments during their consultation with the GP.

The Year of Care model had recently been introduced to use with patients who had diabetes. This approach enabled patients to have a more active part in determining their own care and support needs in partnership with clinicians. Patients were invited to identify their own goals, which enabled the patient and clinician to jointly plan care and treatment options.

Clinicians told us they gave patients appropriate information and discussed options. In the practice there were a variety of patient information leaflets available, which provided information on ill health, well-being, care and treatment options.

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:

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

Patient and carer support to cope emotionally with care and treatment

Are services caring?

We saw there were notices in the patient waiting area, informing patients how to access a number of support groups and organisations.

There was a carers' register in place and those patients had an alert on their electronic record to notify staff. The practice had identified 30 patients as being carers. Carers were offered additional support as needed and signposted to local carers' support groups. The practice worked closely with Carers Leeds, which was the main carers' centre for

the city. Carers were encouraged 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 and were known to the practice a condolence card would be sent, they would be also contacted and support offered as needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the NHS England Area Team and Leeds North CCG to review the needs of its local population and to secure improvements to services where these were identified.

- Early appointments were available from 7am three mornings a week.
- Home visits were available for patients who had clinical needs which meant they 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.
- Some of the GPs spoke different languages suitable for some of their patients, there was also access to interpretation services.

Access to the service

The practice was open between 8am to 6pm Monday and Thursday, and from 7am to 6pm Tuesday, Wednesday and Friday. GP appointments were as follows:

Monday 8.20am to 12midday and 3.40pm to 5.30pm

Tuesday 7am to 11.50am and 1.30pm to 5.20pm

Wednesday 7am to 12 midday and 2.30pm to 5.20pm

Thursday 8.20am to 12 midday and 1.20 pm to 5.20pm

Friday 7am to 11.30am and 1pm to 5.20pm

Appointments could be booked up to two weeks 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.

There was a dedicated telephone line to support timely to the practice for secondary care, mental health teams and care homes.

When the practice was closed out-of-hours services were provided by Local Care Direct, which could be accessed via the surgery telephone number or by calling the NHS 111 service.

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

- 84% of respondents were fairly or very satisfied with the practice opening hours (CCG 74%, nationally 75%)
- 89% of respondents said they could get through easily to the surgery by phone (CCG 69%, nationally 73%)
- 90% of respondents said the last appointment they got was convenient (CCG 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.

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 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 eight 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

There was a statement of purpose in place which identified the practice values as "having appropriately trained staff and working collaboratively to deliver high quality patient care in a safe environment".

We were informed of the practice vision to recruit further clinical staff, improve the premises from where they operated from and increase the provision of services. One of the GPs spoke about their vision for engaging with the local community, including schools and the sports centre, to ensure care and services were delivered in line with the needs of the patients and people of the community they lived in.

There was a strong patient-centred ethos among the practice staff, which 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 clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and available to all staff.
- A comprehensive understanding of practice performance.
- A programme of continuous clinical and internal audit which was used to monitor quality and drive improvements.
- Robust arrangements for identifying, recording and managing risks.
- Business continuity and succession planning was in place.

As part of the General Practice Improvement Programme (GPIP) the practice had developed a visual 'jobs to do' board, to ensure all daily tasks were completed in a timely manner and to avoid duplication of work. The use of coloured cards identified when the task had been completed. Staff reported the benefits of using this system.

Leadership and culture

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. Staff told us they felt respected, valued and appreciated.

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.

The GPs promoted learning and development within the practice. 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, the 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.

One of the GPs wrote and produced a bi-monthly newsletter for patients, which provided information about the practice and PPG, latest news, services available, staff profiles and health advice.

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:

- They had taken on the enhanced service for residential care homes and were commencing weekly visits for registered patients who were residents.
- From April 2016 were participating in the social prescribing scheme. Social prescribing is a means of

enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical. services, often provided by the voluntary and community sector.

- The practice was part of a hub with three other local practices and were looking at how the delivery of GP services could be maintained and/or improved.

We were informed of the issues regarding the building which had resulted in the siting of the portakabin. The practice had been looking at alternative premises for some time to no avail due to financial and location constraints. The practice were continuing to look at how improvements could be made.