

Shadwell 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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Shadwell Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Shadwell Medical Centre on 1 March 2016. The overall rating for the practice was requires improvement and the practice was asked to submit an action plan setting out how they would improve systems and processes within the practice and the date by which these improvement would be implemented. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Shadwell Medical Centre on our website at www.cqc.org.uk.

This inspection was undertaken following confirmation from the practice that all actions were completed and was an announced comprehensive inspection on 17 January 2017. Overall the practice is now rated as Good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Feedback from patients about their care was consistently positive.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, reception staff had been supported with training in customer services.
- The practice had worked with the Leeds North Clinical Commissioning Group to implement a number of recommendations, such as improving the systems for monitoring of amber drugs and ensuring nursing staff had access to appropriate clinical supervision. Amber drugs are a list of medication which require initiation by a specialist within a hospital setting but can be transferred to primary care for ongoing use.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had visible clinical and managerial leadership and governance arrangements.

The areas where the provider **should** make improvements are:

Summary of findings

- Continue to assure themselves that suitable medicines and healthcare products regulatory alerts (MHRA) protocol is implemented within practice to capture any patients who do not respond and follow up for action.
- Continue to maintain the newly implemented systems, processes and practices and ensure they are embedded into the culture of the practice.
- Set aside regular time for GPs within the practice to communicate and discuss topics such as NICE Guidance and Safety Alert Broadcasts.

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- All staff received female genital mutilation (FGM) and domestic violence training.
- The practice had some clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse. However; many of these were newly implemented and had not been fully embedded at the time of our inspection. For example; we reviewed the searches run on a recent MHRA and saw no evidence that one patient had been followed up appropriately. The practice was able to provide information following our inspection to evidence that follow up attempts had been made.
- We saw no clear evidence of discussion regarding Safety Alert Broadcasts (SABs) and medicines and healthcare products regulatory agency alerts (MHRA).
- Most risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example; In the months leading up to the inspection, the practice had been working closely with the CCG to implement a number of recommendations such as improving the systems for monitoring of amber drugs and ensuring nursing staff had access to appropriate clinical supervision.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. However; some of these had recently been introduced and had yet to be embedded into the practice.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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 was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was responsive to the needs of older people, and offered home visits, telephone appointments and urgent appointments for those with enhanced needs.
- Longer appointments were available for patients with enhanced needs.
- The practice provided services to a local nursing home and sheltered housing complex.
- A full range of nursing services were provided at the practice. These included wound and leg ulcer dressings, ear syringing and shingles and pneumonia vaccinations.
- In cases where older patients required referral into secondary care, the practice endeavoured to utilise local providers within the community to improve access and provide care closer to home.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice offered long term condition reviews at a time to suit the patient, rather than dedicated clinics on set days.
- 77% of patients diagnosed with asthma had received an asthma review in the last 12 months which was better than the CCG and national averages of 76%.
- 95% of patients with COPD had received a review undertaken by a healthcare professional in the last 12 months, which was above the CCG average of 89% and national average of 90%.
- Longer appointments and home visits were available when needed.
- The practice had implemented a call and recall system for patients requiring review. Patients were recalled via letter, text message and telephone.
- The practice monitored patients using amber drugs through an electronic recall system.

Summary of findings

Families, children and young people

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

Good



- 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support the needs of this population group.
- The practice offered a full service for families, including contraceptive checks, maternity services, post natal checks and baby checks.
- The practice had worked to improve access for this group of patients by offering telephone triage services with the GP or nurse practitioners.
- 81% of eligible patients had received cervical screening in the preceding five years (CCG and England average 82%).

Working age people (including those recently retired and students)

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

Good



- The practice offered a range of telephone appointments for patients who found it difficult to attend the surgery due to work commitments.
- In addition to telephone appointments, the practice ran a daily telephone triage service to ensure appointments were accessed appropriately.
- The practice was proactive in offering online services such as repeat prescription requests and booking appointments.
- The practice was open until 8.45pm on Thursday evenings.
- A full range of health promotion and screening was available for patients. For example; smoking cessation and travel clinics.
- The practice had a patient pod giving patients the opportunity to monitor their blood pressure, weight, BMI and lifestyle. This information was then transferred directly onto the clinical record. In cases where recordings were outside of normal parameters, an e-mail was sent to the GP partner and practice business manager. This was then reviewed by an appropriate clinician and the patient was invited to see the GP.

Summary of findings

- The practice had changed the time of patient participation group (PPG) meetings in order to encourage involvement from this group of patients.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff 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.
- Clinicians in the practice had received female genital mutilation (FGM) training and the practice had implemented a policy which all staff were aware of.
- The practice had a system in place to contact all patients who did not attend an appointment to advise them of this, offer another appointment and make sure they were not in need of medical attention.

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).

Good



- 90% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 86% and national average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their families and/or carers. This was better than the CCG average of 90% and national average of 89%.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who did not attend an appointment at the practice or had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing below local and national averages in some areas. A total of 235 survey forms were distributed and 112 (48%) were returned. This represented 2% of the practice's patient population.

- 57% of patients found it easy to get through to this practice by phone compared to the CCG average of 80% and national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and national average of 85%.
- 55% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and national average of 85%.
- 36% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and national average of 78%.

The practice had carried out more recent surveys using a text messaging system and seen a significant improvement in patient satisfaction scores. This had resulted in an increase from 36% of patients recommending the practice to 75%.

In addition, results from the friends and families survey over the previous three months reported 99% of patients would recommend the surgery.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Five comment cards specifically mentioned an improvement in the service. Patients used words such as effective, friendly and helpful to describe the care they received.

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

Areas for improvement

Action the service **MUST** take to improve

- Ensure a suitable medicines and healthcare products regulatory agency alerts (MHRA) protocol is implemented within practice to capture any patients who do not respond and follow up for action.

Action the service **SHOULD** take to improve

- Continue to maintain the newly implemented systems, processes and practices and ensure they are embedded into the culture of the practice.
- Set aside regular time for GPs within the practice to communicate and discuss topics such as NICE Guidance and Safety Alert Broadcasts.

Shadwell Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Shadwell Medical Centre

Shadwell Medical Centre is located at 137 Shadwell Lane, Leeds, West Yorkshire, LS17 8AE. The practice is located in a single storey purpose built building with an attic area which is used for storage. The practice is accessible for wheelchairs and has toilets suitable for disabled people and has parking for both staff and patients.

The practice is situated within the Leeds North Clinical Commissioning Group (CCG) and provides primary medical services under the terms of a Personal Medical Services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice is assessed as being in one of the most affluent areas of Leeds with a predominantly white British population.

Shadwell Medical Centre is registered with the Care Quality Commission as a partnership. The partnership is made up of one GP partner (male) and one silent business partner (female). The partners are supported by one salaried GP

(female) and three long term locums. Working alongside the GPs was an Advanced Nurse Practitioner (locum), two nurse practitioners and a practice nurse, a healthcare assistant and a phlebotomist. The clinical staff are supported by a practice manager and a team of administrative and secretarial staff.

The practice serves a population of 5,230 patients who can access a number of clinics, for example family planning and childhood immunisations.

The practice is open between the hours of 8am and 6pm Monday to Friday. In addition, the practice provides extended hours from 6pm until 9.15pm on Thursday evenings.

Appointments are available between the following hours:

Monday: 8am until 11.45am and 2pm until 5.25pm

Tuesday: 8.15am until 11.45am and 2.30pm until 5.30pm

Wednesday: 8am until 11.30am and 2.30pm until 5.20pm

Thursday: 8.20am until 12.20pm then from 1.30pm until 5.25pm and from 6.30pm until 8.10pm

Friday: 8.30am until 11.20am and 2.30pm until 5.15pm

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.

Why we carried out this inspection

We undertook a comprehensive inspection of Shadwell Medical Centre on 1 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement

Detailed findings

for providing safe, effective, caring and well led services and we asked them to submit an action plan setting out how they would improve systems and processes within the practice and the date by which these improvement would be implemented.

We undertook a further announced comprehensive inspection of Shadwell Medical Centre on 17 January 2017. This inspection was carried out following confirmation from the practice that all actions had been carried out and improvements had been made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 January 2017. During our visit we:

- Asked other organisations for information they had about the provider. For example; NHS England and the Leeds North Clinical Commissioning Group (CCG).
- Spoke with a range of staff including the GP partner, the salaried GP, a practice nurse, the phlebotomist, the practice manager and three members of the reception/administration team.
- We spoke with four patients who used the service.
- Observed how reception staff interacted with patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 1 March 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of cleanliness and infection control were not adequate and we found aspects of the premises to be unsafe.

We issued two regulatory breaches in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 17 January 2017. However, we identified issues in other areas where the practice needed to improve; therefore the practice is still rated as requires improvement for safe care.

Safe track record and learning

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports and patient safety alerts. Staff told us that these were discussed. However, there was no clear evidence of this being done formally, such as documented minutes of meetings. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident had been reported when a patient had been given a shingles vaccination which was not required (as it has had been administered the previous year). Following investigation it was discovered the error had occurred because the nurse had not checked the patient's vaccination records prior to administering the vaccine. As a result of the incident, the practice had carried out all required actions, such as contacting the vaccine provider for advice and informing the patient of the mistake. The practice had subsequently changed the process to ensure

nursing staff were supported by a member of the administrative team to ensure all information is recorded at the time of vaccination and vaccination templates are checked.

Overview of safety systems and process

- The practice had some clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse. However; many of these were newly implemented and had not been fully embedded at the time of our inspection. For example; we reviewed the searches run on a recent MHRA and saw no evidence that one patient had been followed up appropriately. The practice was able to submit information following our inspection to evidence that follow up attempts had been made.
- We saw no clear evidence of discussion regarding Safety Alert Broadcasts (SABs) and medicines and healthcare products regulatory agency alerts (MHRA).
- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- Notices were displayed throughout the practice advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. The practice had recently undergone a schedule of refurbishment and we observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC

Are services safe?

protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurse to administer medicines in line with legislation. PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions.
- The healthcare assistant was trained to administer vaccines and medicines against a patient specific direction (PSD). A PSD is an instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by a prescriber.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. At the time of our inspection, the

practice had booked a fire risk assessment with a specialist company and we received confirmation following our inspection that this had been carried out. The practice had recently commenced a programme of fire drills and we received positive feedback from staff regarding this. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 1 March 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of staff appraisals needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 17 January 2017. The provider is now rated as good for providing effective services.

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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. However; we saw no evidence that guidance was discussed between clinicians.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 100% of the total number of points available (CCG average 96% and national average 95%) with 10% clinical exception reporting (CCG and national average 10%). 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.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was better than the CCG and national averages. For example; 100% of patients newly diagnosed with diabetes, on the register, in the preceding 12 months had a record of

being referred to a structured education programme within nine months after entry onto the diabetes register. This was better than the CCG and national averages of 92%.

- Performance for mental health related indicators was better than the CCG average. For example; 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was better than the CCG average of 90% and national average of 89%.

There was evidence of quality improvement including clinical audit.

- We looked at three clinical audits completed in the last two years; two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example; the practice had taken part in an audit of diabetic care with The University of Leeds Aspire. The audit looked at diabetic care of 200 practices in West Yorkshire over a period of 12 months. The practice were found to be in the top quartile for achievement in West Yorkshire and ranked fourth in the Leeds North CCG for achievement. The audit also demonstrated that the practice was in the top quartile for improvement in this area.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We spoke with a practice nurse who told us the practice supported her to attend regular asthma, diabetes and cervical cytology updates. In addition they were considering undertaking the nurse practitioner course.

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored to ensure it met the practice's responsibilities within legislation, and followed national guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice had a patient pod giving patient the opportunity to monitor their blood pressure, weight, BMI and lifestyle. This information was then transferred directly onto the clinical record. In cases where recordings were outside of normal parameters, an e-mail was sent to the GP partner and practice business manager. This was then reviewed by an appropriate clinician and the patient was invited to see the GP.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and national averages of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, the practice achieved 95% for childhood immunisation rates for the vaccinations given to under two year olds and ranged from 97% to 100% for five year olds.

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our previous inspection on 1 March 2016, we rated the practice as requires improvement for providing caring services as the majority of CQC comment cards we received contained negative feedback regarding the practice and the care received. We spoke with two patients on the day of the inspection and received mixed feedback and the results of the national patient survey were varied.

When we inspected the practice on 17 January 2017 we saw improvements had been made. The practice business manager had supported staff with training and support for customer services. The practice had produced a dignity and respect policy which all staff had access to. This was to ensure that all patients were treated respectfully in all circumstances.

Kindness, dignity, respect and compassion

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

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

All of the 23 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.

We spoke with four patients who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Satisfaction scores on consultations with GPs and nurses varied. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 69% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 73% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

The practice had carried out more recent surveys using a text messaging system and seen a significant improvement in patient satisfaction scores. This had resulted in an increase from 36% of patients recommending the practice to 75%.

In addition, results from the friends and families survey over the previous three months reported 99% of patients would recommend the surgery.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.

Are services caring?

- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 408 patients as carers (less than 8% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 1 March 2016 we rated the practice as good. During the inspection on 17 January 2017 we found the practice to be good for providing a responsive service.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. In the months leading up to the inspection, the practice had been working closely with the CCG to implement a number of recommendations, such as improving the systems for monitoring of amber drugs and ensuring nursing staff had access to appropriate clinical supervision.

- The practice offered extended hours on Thursday evenings until 8.45pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice was proactive in offering online services such as repeat prescription requests; booking and cancelling appointments.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities. Since the last inspection the practice had responded to feedback from CQC by installing an alarm in the toilet cubicle to highlight if a patient was in distress.
- Translation services were available.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were available between the following hours:

Monday: 8am until 11.45am and 2pm until 5.25pm

Tuesday: 8.15am until 11.45am and 2.30pm until 5.30pm

Wednesday: 8am until 11.30am and 2.30pm until 5.20pm

Thursday: 8.20am until 12.20pm then from 1.30pm until 5.25pm

Friday: 8.30am until 11.20am and 2.30pm until 5.15pm

Extended hours appointments were offered from 6.30pm to 8.10pm on Thursday evenings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower to local and national averages.

- 57% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 76%.
- 57% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them and that access to the practice had improved over recent months.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice had a nurse telephone triage service and a minor illness clinic. Patients could also access telephone consultations with GPs at the practice.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system. The practice had a complaints procedure and information was displayed in the waiting area.

We reviewed the complaints summary for the last six months and saw the practice had received four complaints. We saw the complaints had been responded to appropriately and action the practice had taken was documented.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 1 March 2016, we rated the practice as requires improvement for providing well-led services as there were no systems in place to evaluate and improve the practice and the services they provided. Lessons learned from complaints received were not shared with staff and action plans generated as a result of infection control audits had not been followed through. The practice were also unable to demonstrate they were responding to and acting on feedback from patients on the services provided. In addition, there were no systems in place to assess or mitigate the risks associated with staff known to be leaving the organisation and no succession plans in place to maintain the level of services provided.

We issued a regulatory breach in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 17 January 2017. The practice is now rated as good for being well-led.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which the GP partners had been involved in developing.
- The practice had a strategy and supporting business plans which reflected the vision and values.
- Since our last inspection the GP partner had worked with a private business mentor and human resources consultant to assist with recruitment. As a result of this the practice had recruited a new practice business manager, a full-time senior receptionist and two full-time secretaries.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example; the practice had carried out a full building risk assessment and addressed the issues which had been identified during our previous inspection.

Leadership and culture

On the day of inspection the GP partner and business manager demonstrated they had the experience, capacity and capability to run the practice and ensure quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs and business manager were approachable and took the time to listen to all members of staff.

We spoke with two members of the reception and administrative team and found morale within the practice had greatly improved since our last inspection.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. However; we were unable to see any documented evidence of regular communication between GPs at the practice; such as meeting minutes. We raised this at the time of our inspection and were advised this would be addressed.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so

Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the group had been involved in designing a quarterly newsletter, providing patients with useful information.
- The practice had gathered feedback from staff through annual appraisals. In addition the practice had introduced a daily 10 minute meeting where the GP

partner spoke with the business manager, reception and administrative staff to address any concerns. The practice also had a full staff meeting every three months. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. However; we saw limited evidence of regular discussions between GPs within the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example; the practice had taken part in an audit of diabetic care with The University of Leeds Aspire programme. The audit had looked at diabetic care of 200 practices in West Yorkshire over a period of 12 months. The practice were found to be in the top quartile for achievement in West Yorkshire and ranked fourth in the Leeds North CCG for achievement.