

The Highfield 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	Requires improvement	
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?	Requires improvement	

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 The Highfield Medical Centre on 1 December 2016. Overall the practice is rated as requires improvement.

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

- The practice was involved in the Leeds West Chronic Obstructive Pulmonary Disease Scheme (COPD) to increase early detection of COPD and reduce hospital admission where possible. As a result of undertaking this work, the practice prevalence for COPD had increased to meet the national prevalence and the practice saw a reduction in A&E attendance.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough. Patients did not always receive an apology.
- Most risks to patients were assessed and well managed. We saw that a legionella risk assessment

had been carried out and an action plan created as a result of this. However; at the time we saw no evidence of the actions having been carried out. Some recruitment processes had not been thorough; we saw that one member of staff had been recruited without references having been received.

- We saw that not all patient clinical records contained evidence of assessment of patient need, and details of planned treatment and care of patients.
- Although some audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect. However; we received feedback via CQC comment cards and through information of concerns submitted to CQC prior to the inspection regarding the manner of some clinical staff.

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

Summary of findings

- The provider was not doing all that was reasonably practicable to mitigate the risks of service users receiving care and treatment. Specifically, there was no evidence of lessons learned from significant events and incidents and no evidence of any learning from these being shared with relevant practice staff.
- Ensure that accurate, complete and contemporaneous records are kept for patients; which include a record of care and treatment provided and decisions taken in relation to this. In addition, records were not maintained to support the investigations and findings resulting from complaints the practice had received in all cases.

In addition the provider **should**:

- Follow their recruitment policy in full at all times when recruiting staff.

- Continue to maintain a process for logging and checking of all prescriptions used in the practice.
- Review and complete actions identified on infection control and legionella action plans.
- Develop consistent processes for the appropriate recall and treatment of patients with long term or enduring physical or mental health problems.
- Establish a system of regular clinical audit within the practice to demonstrate improved outcomes for patients.
- Take steps to assure themselves that patients are being treated with dignity and respect at all times.

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



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. Patients did not always receive a verbal and written apology.
- Most risks to patients were assessed and well managed. We saw that a legionella risk assessment had been carried out and an action plan created as a result of this. However; at the time of the inspection we saw no evidence of the actions having been carried out.
- We saw that one member of staff had been recruited without references having been received.
- There had been a number of significant events where prescriptions had been misprinted or lost. At the time of our visit we were unable to see any evidence of how these were documented or recorded to keep a log of unused prescriptions. Following our inspection the practice provided evidence which showed a new system of checking and logging prescriptions used in the practice had been developed.

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 generally comparable to local and national averages although the practice was an outlier with regard to low performance in the delivery of indicators relating to patients suffering from depression and mental health issues. The practice advised how they had taken steps to improve in these areas by introducing SMS alerts to improve attendance for reviews and GPs at the practice opportunistically carrying out care plans.
- 100% of patients newly diagnosed with diabetes, on the register, had a record of being referred to a structured education programme within 9 months after entry onto the diabetes register. This was better than the CCG average of 89% and national average of 92%.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- The practice had identified 276 patients (over 5% of their practice list) as carers.
- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example; 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89% and 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- We spoke with two members of the patient reference group (PRG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.
- Three of the comment cards we received contained negative comments regarding the manner of clinical staff and we received information of concern from two sources prior to our inspection highlighting similar concerns. However; we did not see any evidence of this during our inspection.
- We reviewed three patient records and found that none of these contained documented evidence of advice being given to patients.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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; the practice were involved in Leeds West Quality Improvement Schemes looking

Summary of findings

aimed to detect early diagnosis of Chronic Obstructive Pulmonary Disease (COPD) and asthma in children. COPD is a term for a range of non-reversible lung conditions which impair normal breathing.

- The practice was part of the 'Patient Empowerment Project' which aimed to improve the health and wellbeing of patients. Through this project, GPs were provided with a link to refer patients to local groups and community activities within the voluntary sector. Patients were then provided with support to help them develop the skills, knowledge and confidence to manage their condition. The practice worked with three other local practices to provide an extended hours service from 8am until 4pm on Saturday and 8am until 12pm on Sunday.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice was part of the 'C-card' scheme offering people aged 25 years and under access to free contraception.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- There was a clear leadership structure in place; however some staff did not feel supported by all of the GP partners at the practice.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management; however they were not certain that this would always be taken on board.
- We reviewed three patient records and found no documented record of advice been given to patients. Two of the records we reviewed also had no documented assessment of the patient's condition. In addition, records were not always maintained to support the investigations and findings resulting from complaints the practice had received in all cases.
- There were arrangements for identifying, recording and managing some risks, however lessons learned were not always identified and shared with staff following significant events.

Requires improvement



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 provider was rated as requires improvement for providing safe and well led services to the population it served. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over the age of 75 had a named GP to offer continuity of care.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for providing safe and well led services to the population it served. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- GPs at the practice ran chronic disease management clinics including medication reviews with longer appointment slots. Carers and family members were included in these reviews. All patients with more than one long-term condition were offered 30 minute appointments to carry out a holistic review, and to avoid the need for the patient to attend several separate appointments.
- The practice was involved in the 'Diabetes 9' incentive scheme. This scheme involved incorporating nine core requirements when managing newly diagnosed patients with diabetes and providing full health screening, following National Institute for Health and Care Excellence (NICE) guidelines.
- The practice was involved in the 'Year of Care' initiative for management of diabetes.

Requires improvement



Summary of findings

- Performance against diabetes related indicators was better than the CCG and national averages. For example; 94% of patients with diabetes, on the register, had a record of a foot examination and risk classification. This was better than the CCG average of 88% and national average of 89%.
- 100% of patients newly diagnosed with diabetes, on the register, had a record of being referred to a structured education programme within 9 months after entry onto the diabetes register. This was better than the CCG average of 89% and national average of 92%.
- Longer appointments and home visits were available when needed.

Families, children and young people

The provider was rated as requires improvement for providing safe and well led services to the population it served. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 79% and the national average of 81%
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for providing safe and well led services to the population it served. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a telephone triage service for patients who were unable to attend the surgery due to work or study commitments.
- The practice reserved two evening appointments each day for patients who could not access the appointment during working hours.
- The practice worked with three local practices to provide an extended hours service from 8am until 4pm on Saturday and 8am until 12pm on Sunday.
- The practice offered a contraception and screening service including chlamydia self-screening and testing and emergency contraception.
- The practice was part of the 'C-card' scheme offering people aged 25 years and under access to free contraception.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for providing safe and well led services to the population it served. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and 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.
- All staff had received female genital mutilation awareness training.

Requires improvement



Summary of findings

- Telephone interpreter services were available for non-English speaking patients. In addition, GPs at the practice were able to speak a number of languages compatible with their patient group.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for providing safe and well led services to the population it served. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 87% and CCG average of 84%.
- The practice achieved 81% against the Quality and Outcomes Framework (QOF) mental health indicators, which was lower than the CCG and national averages of 93%.
- 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 had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



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 in line with local and national averages in the majority of areas. A total of 295 survey forms were distributed and 101 (34%) were returned. This represented less than 2% of the practice's patient population.

- 79% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and national average of 73%.
- 83% 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 86% and national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.
- 72% 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 84% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 49 comment cards, 40 of which were positive about the standard of care received. However; four comment cards contained mixed feedback regarding the practice and raised issues around accessing appointments and dissatisfaction with their interactions with some staff. Five comment cards contained less positive comments regarding care and treatment received from GPs, dissatisfaction with their interactions with clinical staff and accessing appointments. We also received three comment cards from staff working within the practice, this feedback was all positive.

We spoke with two patients during the inspection. Both 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

- The provider was not doing all that was reasonably practicable to mitigate the risks of service users receiving care and treatment. Specifically, there was no evidence of lessons learned from significant events and incidents and no evidence of any learning from these being shared with relevant practice staff.
- Ensure that accurate, complete and contemporaneous records are kept for patients; which include a record of care and treatment provided and decisions taken in relation to this. In addition, records were not maintained to support the investigations and findings resulting from complaints the practice had received in all cases.

Action the service **SHOULD** take to improve

- Follow their recruitment policy in full at all times when recruiting staff.
- Continue to maintain a process for logging and checking of all prescriptions used in the practice.
- Review and complete actions identified on infection control and legionella action plans.
- Develop consistent processes for the appropriate recall and treatment of patients with long term or enduring physical or mental health problems.
- Establish a system of regular clinical audit within the practice to demonstrate improved outcomes for patients.
- Take steps to assure themselves that patients are being treated with dignity and respect at all times.

The Highfield Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The lead inspector was supported by a GP specialist adviser.

Background to The Highfield Medical Centre

The Highfield Medical Centre is located on Highfield Road, Bramley, Leeds, West Yorkshire, LS13 2BL. The practice operates from a two storey, purpose built building with car parking available for staff and patients.

The practice is situated within the Leeds West 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 situated in one of the more deprived areas of Leeds. People in more deprived areas usually have a higher need for medical intervention.

The service is provided by three GP partners (two male and one female), a salaried GP (female) a practice nurse (female) and two health care assistants (one male and one female). The clinical team are supported by a practice manager and an experienced team of administrative and reception staff.

The practice serves a population of 4,796 patients who can access a number of clinics for example; asthma, diabetes and childhood immunisations.

The practice is open between the hours of 8am and 8pm on Monday, Wednesday and Thursday and from 8am until 6.30pm on Thursday and Friday.

Appointments are available between the following hours:

Monday: 8am until 12.20pm and 3pm until 7.50pm

Tuesday: 8am until 12.20pm and 4pm until 7.50pm

Wednesday: 8am until 11.45am and 4pm until 7.50pm

Thursday: 9.15am until 12.20pm and 4pm until 6pm

Friday: 9.15am until 12.20pm and 4pm until 6pm

The practice worked with other local practices to provide an extended hours service from 8am until 4pm on Saturday and 8am until 12pm on Sunday.

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

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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 December 2016.

During our visit we:

- Spoke with a range of staff including three GP partners, a health care assistant, the practice nurse, the practice manager and two receptionists.
- Spoke with two patients who were also members of the patient reference group (PRG).
- 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

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to other relevant staff to support improvement. Patients involved in these incidents and events did not always receive a verbal and written apology.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings. We saw no evidence that learning from incidents and significant events had been documented in these minutes or discussed and shared with relevant staff members. The staff we spoke with told us that incidents were discussed at meetings, however they were unable to provide any examples to support this.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse, however; we saw areas where the practice needed to improve:

- 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.
- A notice in the waiting room advised 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 were working to an action plan to address issues with infection control. However; at the time of our inspection we found clinical areas to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, recording, handling, storing, security and disposal). However at the time of our visit the practice did not have a system in place to log and monitor the use of blank prescriptions within the practice. We saw evidence that there had been several occasions when prescriptions had been mislaid or misprinted. Following our inspection the practice provided evidence which showed that a process for logging and checking of all prescriptions in the practice had been developed.
- We reviewed a sample of patient records and saw that medication changes had been actioned by reception staff. We spoke with two members of the reception team who told us the changes were then reviewed by a clinician.
- Patient Group Directions 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 Health Care Assistants were 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 that most of the required recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However; one of the files we reviewed had not received responses to the reference requests. The practice told us they would follow their recruitment policy in full in future.

Monitoring risks to patients

Are services safe?

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe at all times.

- 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. The practice had up to date fire risk assessments and carried out fire drills. 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. At the time of our visit a legionella risk assessment had been carried out and an action plan created. However; we saw no evidence of the actions having been completed. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We received information from the practice following our inspection to advise that they had commenced water temperature testing and recording.

- 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

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 97% of the total number of points available (CCG average 96% and national average 95%) with 10% clinical exception reporting (CCG average 9% 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.

Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally comparable to local and national averages although the practice was an outlier with regard to low performance in the delivery of indicators relating to patients suffering from depression and mental health issues. The practice advised how they had taken steps to improve in these areas by introducing SMS alerts to improve attendance for reviews and GPs at the practice opportunistically carrying out care plans.

- Performance for diabetes related indicators was better than the CCG and national averages. For example; 94% of patients with diabetes, on the register had a record of a foot examination and risk clarification. Compared to the CCG average of 88% and national average of 89%
- Performance for mental health related indicators was lower than the CCG average. For example; 76% of

patients with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months, compared to the CCG average of 88% and national average of 89%.

There was evidence of some quality improvement including clinical audit.

- There had been four clinical audits completed in the last year. Only one of these was a completed audit 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, recent action taken as a result included implementing a system to follow up patients who did not attend an appointment following an urgent cancer referral.

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. The practice manager had received training in complaints and conflict resolution. However; some staff members told us they did not feel fully supported to complete additional development training and had self-funded training to support their role.
- 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 on line 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 to access to some training to meet their learning needs and to cover the scope of their work. This included ongoing support,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- 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

Some 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. However; we reviewed three patient records and found that two of these did not contain a documented assessment of the patient's condition.

- 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 and weight, smoking cessation and alcohol consumption. Patients were either offered support within the practice or signposted/referred to the relevant externally provided service.
- The practice was involved in the Leeds West Chronic Obstructive Pulmonary Disease Scheme (COPD) to increase early detection of COPD and reduce hospital admission where possible. As a result of undertaking this work, the practice prevalence for COPD had increased to meet the national prevalence and the practice saw a reduction in A&E attendance.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 79% and the national average of 81%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 98% (CCG average 94% and national average 88%) and five year olds from 93% to 100% (CCG average 98% and national average 89%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting 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.

We received 49 comment cards, 40 of which were positive about the standard of care received. Patients used the words 'brilliant' and 'lovely'. However; four comment cards contained mixed feedback regarding the practice and raised issues around accessing appointments and attitude of clinical and reception staff. Five comment cards contained less positive comments regarding clinical care, the manner of clinical staff and accessing appointments. We received information of concern from two sources prior to our inspection highlighting similar concerns. However; we saw no evidence of this during our inspection. We also received three comment cards from staff working within the practice, this feedback was all positive.

We spoke with two members of the patient reference group (PRG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 80% 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%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 90% 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%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

The two patients we spoke with 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. The majority of patient feedback from the comment cards we received was also positive and aligned with these views. However, we reviewed three patient records and found that none of these contained evidence of advice being given to patients.

Results from the national GP patient survey showed patient response was mixed in relation 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:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 82% 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% and 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 86% and national average of 85%.

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

- Staff told us that telephone interpretation services were available for patients who did not have English as a first

Are services caring?

language. GPs within the practice also spoke a number of languages compatible with their patient group. We saw notices in the reception areas informing patients this service was available.

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 276 patients as carers (over 5% 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 suffered bereavement, their usual GP contacted. 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

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. For example; the practice were involved in Leeds West Quality Improvement Schemes looking aimed to detect early diagnosis of Chronic Obstructive Pulmonary Disease and asthma in children.

- The practice offered extended hours from 6.30pm until 8pm on Monday, Tuesday and Wednesday evenings.
- The practice offered a telephone triage service for patients who were unable to attend the surgery due to work or study commitments.
- The practice reserved two evening appointments each day for patients who could not access the appointment during working hours.
- The practice worked with three other local practices to provide an extended hours service from 8am until 4pm on Saturday and 8am until 12pm on Sunday.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice offered a contraception and screening service including chlamydia self-screening and testing, emergency contraception.
- The practice was part of the 'C-card' scheme offering people aged 25 years and under access to free contraception.
- The practice was part of the 'Patient Empowerment Project' (PEP) which aimed to improve the health and wellbeing of patients. Through this project, GPs were provided with a link to refer patients to local groups and

community activities within the voluntary sector. Patients were then provided with support to help them develop the skills, knowledge and confidence to manage their condition.

- There were disabled facilities, a hearing loop and interpretation services available.

Access to the service

The practice was open between the hours of 8am and 8pm on Monday, Wednesday and Thursday and from 8am until 6.30pm on Thursday and Friday.

Appointments were available between the following hours:

Monday: 8am until 12.20pm and 3pm until 7.50pm

Tuesday: 8am until 12.20pm and 4pm until 7.50pm

Wednesday: 8am until 11.45am and 4pm until 7.50pm

Thursday: 9.15am until 12.20pm and 4pm until 6pm

Friday: 9.15am until 12.20pm and 4pm until 6pm

In addition to pre-bookable appointments that could be booked up to four 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 comparable to local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and national average of 76%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% 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.

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.

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

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

The practice had a 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.

We saw that information was available to help patients understand the complaints system and a leaflet was available to support patients when making a complaint.

The practice had received 14 complaints in the last 12 months. We looked at two complaints received in the last 12 months and found one of these was handled appropriately, dealt with in a timely way showing openness and transparency when dealing with the complaint. However; one complaint we reviewed had no audit trail to enable us to review the investigation and findings.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a 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.

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 some risks, however lessons learned were not always identified and shared with staff following significant events.
- We saw that a clear auditable trail, detailing findings of investigations and records of responses to the patient was not available for all complaints the practice had received.

Leadership and culture

There was a clear leadership structure in place; however some staff told us they did not feel supported by all of the GP partners at the practice.

Staff members that we spoke with told us that meetings occurred. However; we were unable to see any evidence of this such as formalised minutes to ensure information was available to all staff.

We received feedback via a CQC comment card that one of the partners at the practice had been overhead speaking to reception staff in a demeaning manner.

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 reference group (PRG) and through surveys and complaints received. The PRG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PRG had requested that the seating in the waiting area be improved and the practice had acted upon this by providing padded seats.

- The practice had gathered feedback from staff through annual appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management; however they were not certain that this would always be taken on board.

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 was part of the 'Patient Empowerment Project' which aimed to improve the health and wellbeing of patients. Through this project, GPs were provided with a link to refer patients to local groups and community activities within the voluntary sector. Patients were then provided with support to help them develop the skills, knowledge and confidence to manage their condition.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for service users.</p> <p>The provider was not doing all that was reasonably practicable to mitigate the risks of service users receiving care and treatment.</p> <p>Specifically, there was no evidence of lessons learned from significant events and incidents and no evidence of any learning from these being shared with relevant practice staff.</p> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes were not in place to enable to registered person to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to care and treatment provided.</p> <p>Specifically, we reviewed three patient records and found no documented record of advice been given to patients. Two of the records we reviewed also had no</p>

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Requirement notices

documented assessment of the patient's condition. In addition, records were not always maintained to support the investigations and findings resulting from complaints the practice had received in all cases.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014