

Laurel Bank Surgery

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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

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	9
What people who use the service say	14
Areas for improvement	14
Outstanding practice	14

Detailed findings from this inspection

Our inspection team	16
Background to Laurel Bank Surgery	16
Why we carried out this inspection	16
How we carried out this inspection	16
Detailed findings	19

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Laurel Bank Surgery on 10 November 2016. Overall the practice is rated as outstanding.

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

- The practice had developed an open, blame-free culture with regard to the identification and notification of significant events and incidents. A thorough analysis of the events was carried out and these were discussed at the daily and monthly clinical team meetings. The GP trainer kept a log of historical significant events which they used with GP registrars as a training aid.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. They participated in a number of Clinical Commissioning Group (CCG) led initiatives which delivered integrated care and improved service co-ordination.
- The practice had a proactive view to wider service improvement and co-operated with other bodies which required GP practice input. For example, they had worked with the Department of Work and Pensions to develop and trial new online systems to support terminally ill patients accessing appropriate benefits in a timely way.
- Audit and compliance assessment was a fundamental part of the culture of the practice. A programme of audits had been developed based on patient safety alerts, effective prescribing, guidance updates and any issues highlighted within the practice. Over the previous 12 months the practice had carried out 46 audits.
- Feedback from patients about their care was consistently positive and above local and national averages.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet

Summary of findings

patients' needs. For example, the practice worked with others locally to provide weekend appointment access, this service being delivered at a nearby surgery.

- The practice delivered care to specific vulnerable groups which included those with a learning disability.
- The practice implemented suggestions for improvements and had made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had a vision which had quality and safety as its top priority. The practice had developed a clear strategic approach which was supported by a business plan and practice improvement plan and used these to deliver this vision.
- The practice had a strong commitment to training and told us that training formed a key part of the culture of the organisation and that this ensured the delivery of knowledgeable, informed and effective patient care.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw two areas of outstanding practice:

- The practice had adopted a systematic approach to service improvement and had developed a practice improvement plan (PIP). The PIP identified key areas where it was demonstrated that improvement was

required. These areas were identified from patient surveys and feedback, performance reports, public health reports, audits and risk assessments. The PIP was maintained by the practice manager, however all staff were involved in its development and in supplying content. The PIP was also used to track and report on progress and its content was discussed at team meetings. As an example, the practice had identified cervical screening as a subject area and included actions to increase screening in the PIP. At the time of inspection screening rates had improved from 76% to 81% from 2014/2015 to 2015/2016.

- The practice provided services for residents of a local bail hostel for recently released ex-offenders. The practice had to cope with a rapid turnover of patients from the hostel, many of whose residents had pre-existing or developing health conditions.

However there was an area where the provider should make improvement:

- Review the immunity status of staff in relation to measles, mumps, rubella and chickenpox in order to assure themselves that their staff are adequately protected in line with the latest guidance.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The practice had an open, blame-free culture with regard to the identification and notification of significant events. This approach was confirmed via feedback from individual staff members.
- The practice used every opportunity to learn from internal and external incidents and used this learning to support improvement. They carried out a thorough analysis of significant events and these were discussed as they occurred at daily staff meetings and at monthly clinical team meetings. The GP trainer kept a log of historical significant events and used these with GP trainees as a training aid. Incident recording was thorough and had been reported on to other external bodies when required.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. The practice had developed and adopted a range of clinical risk assessments which they used to ensure safety.
- The practice carried out regular medicines audits, with the support of external bodies such as the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines.
- The practice had developed a specific risk assessment which dealt with lone working due to the late opening hours of the practice and the requirement to carry out home visits.
- Staffing levels ensured patient safety and the practice had the ability to adapt quickly to meet changes in capacity. For example, each GP (partners and salaried) had one session scheduled for administration tasks which could be utilised for patient care should this be required.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.

Summary of findings

- We saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients and this was confirmed via audit.
- Audit and compliance assessment was a fundamental part of the culture of the practice. A programme of audits had been developed based on patient safety alerts, effective prescribing, guidance updates and any issues highlighted within the practice. Over the previous 12 months the practice had carried out 46 audits.
- The practice demonstrated to us that training formed a key part of the culture of the organisation and that this ensured the delivery of knowledgeable, informed and effective patient care which was in line with current guidelines.
- Data showed that the practice was performing highly when compared to other practices nationally. The most recent published Quality and Outcomes Framework (QOF) results showed the practice had achieved 99% of the total number of points available this was above the CCG average of 96% and the national average of 95%. In addition to this performance exception reporting levels were below local and national averages.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. For example, the practice participated in a number of CCG led integrated care initiatives and had appointed a nurse as a clinical care co-ordinator, to lead on planned care for identified vulnerable older patients.

Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. For example:
 - 100% 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%.
 - 99% 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%.
 - 97% 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 the national average of 85%.

Outstanding



Summary of findings

- 96% 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 the national average of 91%.
- Feedback from patients via comment cards, personal interviews on the day of inspection, the Friends and Family Test and via a practice survey was also consistently positive.
- Staff were motivated and offered kind and compassionate care and worked to overcome obstacles to achieving this. As an example of this recent deaths were discussed at team meetings and the practice flagged the records of family members to alert staff to the fact. This alert meant staff were more aware of the specific needs of the patient at that time.
- Views of external stakeholders such as the community matron and patients were very positive and showed that the practice maintained a strong patient-centred culture.
- A member of the PPG told us of a time when the practice went out of their way to inform them of their developing medical condition and then supported them through their preferred course of treatment.
- The practice sought to support patients with learning disabilities and dementia and had become a member of the Leeds 'safe places' scheme. This scheme sought to help adults with learning disabilities cope with any incident that takes place while they are out of their own home. They had also trained staff to increase their understanding of dementia.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice delivered medical care and treatment as needed to registered patients who resided in local care homes, assisted living accommodation and a bail hostel.
- Through utilising a local Patient Empowerment Project, the practice sought to empower patients to self-manage their conditions and participate in activities and groups to improve their confidence, skill and knowledge.
- As around 35% of the patient list consisted of students the practice delivered specific services to support the needs of this group, these included:

Outstanding



Summary of findings

- Support for the registration process which students were able to do either in person at the practice, online or at events at halls of residence and fresher's fairs.
- Chlamydia screening and contraception and sexual health support.
- Referral to the IAPT services (Improving access to psychological therapies is used to support people who have mild to moderate mental health difficulties, such as depression and anxiety).
- The practice made active use of technology and patients could book appointments, request prescriptions and access medical records online. Patients were also sent reminders for appointments and updates on health campaigns via text messaging.
- 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 (PPG). Feedback from the PPG led to the practice relocating information leaflets to a more prominent position within the practice entrance foyer.
- There was good access to appointments and services which the practice offered. There was extended hours every weekday and access to weekend appointments. Patient satisfaction with access was high with 96% of patients satisfied with the practice's opening hours compared to the CCG average of 87% and the national average of 79%. In addition, 94% of patients stated they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.
- The practice could evidence that in the first year of offering extended access that there had been an 8% reduction in Accident and Emergency attendances by patients from the practice. The practice also analysed admissions data and had added additional appointments to cover these periods.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders and were subject to an annual review.

Are services well-led?

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

Outstanding



Summary of findings

- The practice had a clear vision with quality and safety amongst its top priorities. The strategic approach to deliver this vision had been produced with staff input and was regularly reviewed. A business plan had been developed which underpinned this approach and this reflected the vision and values in place within the practice. The business plan included the development of co-operative working, increased inter-practice working and integration and the maintenance of standards.
- The practice had a comprehensive understanding of local population needs and performance and this was supported by the effective use of intelligence such as Public Health profiles, QOF reporting, and the use of the Primary Care Web tool and CQC Intelligent Monitoring. A programme of continuous clinical and internal audit was also used to monitor quality and to support continuous improvement.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology; for example patients could give Friends and Family Test feedback via test messaging. The practice also comprehensively engaged with their patient participation group (PPG) and we saw that the PPG had positively influenced practice development.

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 outstanding for the care of older people.

- The practice was responsive to the needs of older people, and offered home visits, urgent appointments for those with enhanced needs, and longer contact time with clinicians if this was required.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, they delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission. To facilitate effective communication the practice had given by-pass telephone numbers to all patients/carers involved with this service. At the time of inspection the practice had 127 patients (around 2% of the practice list) on their avoiding unplanned admissions register.
- The practice had appointed a nurse to act as a clinical care co-ordinator to work with other agencies in the identification and support of vulnerable older patients. As well as care planning this included referral to other bodies and improved liaison with carers and family members.
- The practice provided routine visits to local residential care homes where they had registered patients. As a result of these interventions and support, since August 2015, local practices who participated in the delivery of care home visits to a total of 50 homes could evidence an overall 5% reduction in accident and emergency attendance and a 4% reduction in unplanned hospital admissions.

Outstanding



People with long term conditions

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

- GPs and nursing staff had lead roles in chronic disease management. In line with other work such as avoiding unplanned admissions and via the work of the clinical care co-ordinator patients at risk of hospital admission were identified as a priority.

Outstanding



Summary of findings

- Outcomes for patients with long term conditions were either comparable to or better than local and national averages. For example, 92% of patients on the diabetes register had which was above the CCG average of 88% and the national average of 89%.
- Patients with a long term condition had named support and regular structured reviews to check their health and medicines needs were being met. For those patients with the most complex needs, clinicians worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- To meet the challenges posed by long term conditions the practice had plans to implement the “House of Care” model (this takes a whole systems approach to the management of long term conditions and aims to make the patient central to care).
- The practice kept up to date with national guidance in relation to long term conditions. For example, it had discussed and examined guidance in relation to atrial fibrillation management (atrial fibrillation is an irregular heartbeat that can lead to blood clots, stroke, heart failure and other heart-related complications) and devised and implemented an action plan to drive this forward. This work had been subject to subsequent clinical audit.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had missed key appointments and health checks.
- Immunisation rates were relatively high for all standard childhood immunisations and comparable to national averages.
- We were told by the practice, and we saw evidence on the day, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice encouraged the uptake of the cervical screening programme and offered evening smear clinics, and had sought to raise awareness amongst target groups. They had also refreshed the patient cervical screening list and had removed “ghost” patients who were no longer living in the area supported by the practice or students from other countries who may have returned home. As a result of this activity screening uptake had risen from 76% in 2014/2015 to 81% in 2015/2016.

Outstanding



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice hosted twice weekly antenatal clinics which were provided by community midwives.
- Staff accessed and referred children and young people with emotional problems to a local online portal where they could receive advice and support.
- The practice had a baby-changing station and a quiet area which was suitable for nursing mothers.

Working age people (including those recently retired and students)

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. There was extended hours access and also access to weekend services.
- Patients could access in-house services such as family planning clinics, minor surgery and joint injections.
- The practice was proactive in offering online services which included appointment booking, repeat prescriptions and medical records.
- The practice provided dedicated support and specific services for its large student population (around 35% of registered patients).
- The practice accepted out of area registrations for patients who for example may work in the area but live out of the catchment area.

Outstanding



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances which included those with a learning disability and the frail elderly with complex needs. These patients were offered additional support which included health checks and reviews, enhanced care planning and access to longer appointments.

Outstanding



Summary of findings

- The practice provided services for residents of a local bail hostel for recently released ex-offenders. The practice had to cope with a rapid turnover of patients from the hostel, many of whose residents had pre-existing or developing health conditions.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, the practice held monthly multidisciplinary team meetings with partners such as the community matron, social workers, memory support worker and palliative care nurses which the needs of such patients were discussed.
- 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.

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators showed performance generally above CCG and national averages. For example: 100% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months compared to a CCG average of 85% and a national average of 89%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health.
- The practice carried out advance care planning for patients with dementia and had an active relationship with the local dementia team.
- The practice told patients experiencing poor mental health how to access various support groups and voluntary organisations specific to their needs, as well as promoting wider public health services such as smoking cessation, weight management and exercise opportunities.
- GPs were able to demonstrate a clear understanding of consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Outstanding



Summary of findings

- A GP partner held the MRCPsych (Member of the Royal College of Psychiatrists); a qualification awarded to physicians who have completed the prescribed training requirements and membership examinations mandated by the Royal College of Psychiatrists. This additional training gave them a more detailed and specific understanding of mental health, and was particularly useful to the large student population and vulnerable adults such as patients from the bail hostel.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing consistently above local and national averages. As part of the survey 368 forms were distributed and 75 were returned which gave a response rate of 20%. This represented over 1% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and the national average of 73%.
- 87% 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 77% and the national average of 76%.
- 97% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 99% 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 86% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 17 comment cards all of which were positive about the standard of care received. Many of the comments cards said that they found the practice delivered excellent services and that staff were helpful, reassuring and caring.

We also spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable and caring.

Data from the NHS Friends and Family Test collected between 1 April 2016 and the date of inspection showed that 98% of patients who responded would be either extremely likely or likely to recommend the practice to family and near friends. Over the last 12 months the practice had received 710 texted and 47 paper responses to the NHS Friends and Family Test for an average of 64 responses a month. (The NHS Friends and Family Test was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give your views after receiving care or treatment across the NHS.)

Areas for improvement

Action the service **SHOULD** take to improve

- Review the immunity status of staff in relation to measles, mumps, rubella and chickenpox in order to assure themselves that their staff are adequately protected in line with the latest guidance.

Outstanding practice

- The practice had adopted a systematic approach to service improvement and had developed a practice improvement plan (PIP). The PIP identified key areas where it was demonstrated that improvement was required. These areas were identified from patient surveys and feedback, performance reports, public health reports, audits and risk assessments. The PIP

was maintained by the practice manager, however all staff were involved in its development and in supplying content. The PIP was also used to track and report on progress and its content was discussed at team meetings. As an example, the practice had identified cervical screening as a

Summary of findings

subject area and included actions to increase screening in the PIP. At the time of inspection screening rates had improved from 76% to 81% from 2014/2015 to 2015/2016.

- The practice provided services for residents of a local bail hostel for recently released ex-offenders. The practice had to cope with a rapid turnover of patients from the hostel, many of whose residents had pre-existing or developing health conditions.

Laurel Bank Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Laurel Bank Surgery

The practice operates from a surgery which is located at 216b Kirkstall Lane, Leeds, West Yorkshire LS6 3DS. The practice serves a patient population of around 7,200 patients and is a member of NHS Leeds West Clinical Commissioning Group.

The surgery is situated in a detached building and is of older construction being built around 1900. The surgery is located over two floors and is accessible for those with a physical disability. There is limited parking available on the site for patients, the site is also shared with another GP practice.

The practice population age profile shows that it is below both the CCG and England averages for numbers of patients aged under 18 years old (12% compared to the CCG average of 19% and England average of 21%) and for patients aged over 65 years old (9% compared to the CCG average of 14% and England average of 17%). The majority of patients are therefore of working age and a large proportion of these (around 35% of the patient list) are students attending the nearby universities. Average life expectancy for the practice population is 77 years for males and 82 years for females (CCG average is 78 years and 82 years and the England average is 79 years and 83 years

respectively). The practice population shows some diversity in ethnic origin with 89% of recorded patients being White, 3% being Asian, 2% being Black and 3% classified as Other/Mixed.

The practice provides services under the terms of the General Medical Services (GMS) contract. In addition the practice offers a range of enhanced local services including those in relation to:

- Childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Rotavirus and Shingles immunisation
- Meningitis vaccination
- Extended hours access
- Dementia support
- Learning disability support
- Risk profiling and case management
- Support to reduce unplanned admissions
- Improving patient online access
- Minor surgery
- Patient participation
- Out of area in hours care provision
- Alcohol review

As well as these enhanced services the practice also offers additional services such as those supporting long term conditions management including asthma, diabetes, heart disease and hypertension, joint injections and smoking cessation.

Detailed findings

Attached to the practice, or closely working with the practice, is a team of community health professionals that includes the community matron, health visitors, midwives, members of the district nursing team and a memory support worker.

The practice has three GP partners (two male, one female), two salaried GPs (both female), and two GP registrars (both female). In addition there are three nurses, one health care assistant and one phlebotomist (all female). Clinical staff are supported by a practice manager, a deputy manager (who also acts as the phlebotomist) and an administration and reception team. In addition the practice also has the services of CCG employed pharmacist allocated to them for half a day a week.

The practice appointments include:

- On the day appointments
- Pre-bookable appointments
- Telephone consultations
- Home visits

Appointments can be made in person, via the telephone or online.

The practice was open between 8am and 8pm Monday to Thursday and 7am to 7pm on Friday. As a result of working with other practices locally, patients were also able to access appointments delivered at a nearby practice from 8am to 4pm on a Saturday and Sunday.

The practice is accredited as a training practice and also acts as a teaching practice for a local university and supports and hosts GP trainees and Year Three medical students respectively. In addition the practice hosts and supports student nurses undergoing training.

Out of hours care is provided by Local Care Direct Limited and is accessed via the practice telephone number or patients can contact NHS 111.

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.

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 10 November 2016. Prior to the visit we discussed the practice with the local Clinical Commissioning Group and NHS England. During our visit we:

- Spoke with and received feedback from a range of staff, which included GP partners, a salaried GP and locum GP, nursing staff, the practice manager and members of the administration team. We also spoke with other health professionals who worked with the practice, which included the community matron and a pharmacist.
- Spoke with patients.
- Reviewed comment cards where patients and members of the public shared their views.
- Observed how patients were treated in the reception area.
- Spoke with a member of the patient participation group.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

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

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

- Older people

Detailed findings

- 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 an effective system in place for reporting and recording significant events.

- 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 that incident recording was thorough and that these had been reported onto other external bodies when required.
- 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.
- The practice carried out a thorough analysis of the significant events and these were also discussed at the daily and monthly clinical team meetings. The GP trainer kept a log of historical significant events which they used with GP registrars as a training aid.
- It was clear that the practice had an open, blame-free culture with regard to the identification and notification of significant events. This approach was confirmed via feedback from individual staff members.

We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice told us of an incident where they recognised that they had inadvertently released patient identifiable data to a third party within the NHS. As a result of this inappropriate data release the practice recorded the incident and reported this to the appropriate authority. In addition to this action staff were informed of the incident and had their awareness in relation to confidentiality increased, and improvements were made to operating processes within the practice to prevent a recurrence.

We reviewed patient safety and medicines alerts and saw that there was an effective system in place to cascade these to staff and we saw that alerts and updates were discussed at team meetings.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- 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 and a deputy was appointed who provided cover as necessary. GPs from the practice would attend ad hoc children's safeguarding meetings when required and had an annual review meeting with health visitors. Adult safeguarding was discussed as part of the monthly multidisciplinary team meeting held with partners such as the community matron, memory support worker and social workers. Staff demonstrated to us that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained in safeguarding to level three, nurses were trained to level two and all other staff had been trained to level one.
- A notice in the waiting rooms advised patients that chaperones were available if required (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure). 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). When a chaperone had been offered or used the clinician noted this in the patient record. At the time of inspection the practice was planning to update this process and require the staff member who had acted as the chaperone to also note on the patient record that they had been used as such.

Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection prevention and control (IPC) clinical lead and as part of their role they liaised with the local IPC team to keep up to date with best practice and to carry out audits as required. There was an IPC protocol in place which had been updated in August 2016 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. It was identified during the inspection that a number of cupboard doors in the ground floor nurse treatment room were in a poor condition and were not able to be effectively cleaned or disinfected. We were told by the practice that they would review and take action on this matter.
- 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 and the monitoring of patients who received these medications. The practice carried out regular medicines audits, with the support of external bodies such as the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines. Examples of outcomes, performance and activities in relation to medicines management included:
 - Less than 2% of the practice list (128 patients) had been prescribed opioids in October 2016; this placed the practice in the top quartile within the CCG for effective prescribing. (Opioids are medicinesAs a result of this the practice had decided to examine this further and had carried out an audit of procedures and processes and adherence to guidance. Patients were identified by a medication search and were reviewed with consideration being given to the discontinuation in the use of opioids. This audit has since been re-run and work in this area has continued within the practice.
 - As a result of joint working with the CCG, the practice was allocated the services of a pharmacist for half a day a week and used this resource to improve prescribing performance and to assist with medicines reviews. The pharmacist confirmed the close working relationship they had developed with the practice and their commitment to ensuring safe and appropriate prescribing.
- The practice was a member of the Medicines Safety Exchange (MSE), a multidisciplinary network of health professionals in Leeds who met quarterly and worked to prevent harm coming to patients from medication use. The network sought to prevent avoidable errors in the prescribing, dispensing, monitoring and administration of medicines as well as discussing new studies and ways of working. A partner from the practice sat on the board of the MSE as a GP advisor.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber (PSDs are written instructions for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis). We saw that the PGD and PSD processes within the practice were effective and monitored.
- 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. However, the practice had not checked the immunity status of staff in relation to measles, mumps, rubella and chickenpox.
- Policies and procedures which supported patient and staff safety were available on the practice shared computer drive. At the time of inspection these had all been subject to regular review and were in date.

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

Are services safe?

health and safety policy available and a poster displayed in the staff kitchen identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular 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 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). The practice had developed a specific risk assessment which dealt with lone working due to the late opening hours of the practice and the requirement to carry out home visits.

- 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. In addition each GP (partner and salaried) had one session scheduled for administration tasks which could be utilised for patient care should this be required. The practice was also able to call on the services of regular locums (some of whom had trained at the practice). Locums received an induction when required and could access a comprehensive support pack.

Arrangements to deal with emergencies and major incidents

The practice had 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 an accident book were also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These medicines were checked on a regular basis by the nursing team and when we checked we found that all 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.
- The practice monitored that these guidelines were followed through risk assessments and clinical audits.

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 99% of the total number of points available, which was above the CCG average of 96% and the national average of 95%. The practice had an exception reporting rate of 8% which was below the CCG average of 9% and the national rate of 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). The practice had an appointed lead for QOF activities and performance was regularly monitored and discussed at team meetings.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance in relation to diabetes was generally comparable with or slightly above CCG and national averages. For example, 92% of patients on the register had a record of a foot examination and risk classification being carried out in the preceding 12 months which was above the CCG average of 88% and the national average of 89%.
- Performance for mental health related indicators showed performance generally above CCG and national averages. 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 compared to a CCG average of 85% and a national average of 89%.

There was evidence of quality improvement which included clinical audit. Audit was a fundamental part of the culture of the practice, and staff had developed a schedule of clinical audits and were able to discuss these with us extensively on the day. Audits were identified for addition to this schedule via a number of routes which included contractual compliance, confirmation of adherence to guidelines and alerts and through issues highlighted within the practice. The practice stressed that audits were not run for their own sake but rather they supported the practice ethos of continual improvement.

The practice had conducted 46 audits over the past 12 months which included 18 subject specific audits, 24 regular audits (carried out on anticoagulation and higher risk/amber medicines each month) and four quarterly antibiotic audits. All members of clinical staff were actively involved in the audit process including members of the nursing team. We looked at a number of completed two cycle clinical audits and saw where activities had been completed to improve services. These audits were detailed, clear and comprehensive and were used to monitor and improve quality and outcomes. For example, an audit which built on the long term monitoring the practice had carried out in relation to anticoagulation treatment for patients with atrial fibrillation showed continued improvement with 70% of patients having received anticoagulation in 2011; this had risen to 85% by 2015 and was 100% at the time of inspection. (Anticoagulants, such as warfarin work on chemical reactions in the body to lengthen the time it takes to form a blood clot.)

The practice also participated in local audits, benchmarking, accreditation, peer review and research. For example, the practice took part in the annual flu swabbing care scheme.

The practice had adopted a systematic approach to service improvement and had developed a practice improvement plan (PIP). The PIP identified key areas where it was demonstrated that improvement was required. These areas were identified from patient surveys and feedback, performance reports, public health reports, audits and risk assessments. The PIP was maintained by the practice manager, however all staff were involved in its

Are services effective?

(for example, treatment is effective)

development and in supplying content. The PIP was also used to track and report on progress and its content was discussed at team meetings. As an example, the practice had identified cervical screening as a subject area and included actions to increase screening in the PIP. At the time of inspection screening rates had improved from 76% to 81% from 2014/2015 to 2015/2016.

Effective staffing

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

- An induction programme was in place for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice demonstrated to us that the continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. Training formed a key part of the culture of the organisation and this ensured the delivery of informed and effective patient care was in line with current guidelines. As evidence of this the practice were able to show:
 - Their commitment to training and teaching GP trainees, year three medical students and student nurses. GPs were supported by all partners on a daily basis and received tutorials and end of session debriefings.
 - How they had supported a GP to return to work after a career break. This support consisted of mentoring and sessional debriefs, in-house appraisal, involvement in clinical meetings and audits and protected time for Health Education England meetings.
 - On-going role-specific training and updating for relevant staff such as for those reviewing patients with long-term conditions.
 - Staff development which enabled them to take on new roles. For example the practice manager had been trained up from being a practice secretary, the deputy manager had been trained in phlebotomy and a receptionist had been trained to become a health care assistant.
- Clinical staff who administered vaccines and took 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. All staff had received an appraisal within the last 12 months. Examples of appraisals we saw on the day were comprehensive and covered all required areas such as assessments of performance and identified training needs.
- 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, in-house and external training.
- In addition to attendance at monthly clinical meetings, clinical staff and the practice manager met on a daily basis at 11:30am. This allowed important information to be cascaded as well as giving staff the opportunity to discuss complex cases and share experiences.

Coordinating patient care and information sharing

The practice had developed systems and worked collaboratively with others to manage and share the information that is needed to deliver effective care. They co-ordinated their services with those of other health and care professionals and through this supported integrated care for their patients'. The information needed to plan and deliver care and treatment was available to relevant staff in an 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. Partners were able to share and access patient information with other healthcare providers, such as district nurses via a common IT system. The practice was additionally able to effectively

Are services effective?

(for example, treatment is effective)

share information via the Leeds Care Record portal (this contained key health and social care information) and allowed the practice to access records such as hospital notes and letters.

- As part of a CCG scheme which provided planned care to patients over 75 years old and who were not part of the avoiding unplanned admissions service the practice had appointed a nurse to act as a clinical care co-ordinator. They worked to identify patients and then to put care planning and support processes in place. In addition this post had a pivotal role in co-ordinating services via referral to other bodies and improving liaison with carers and family members. At the time of inspection the practice had eight patients who were part of the clinical care co-ordinator scheme.
- Diagnosis rates and referrals were regularly monitored and the practice utilised the NHS electronic referral system when patients needed to access secondary care services. Overall performance was good and the practice showed us evidence that the practice was the top performer in the CCG in relation to cancer two week waits in 2014 (this is an urgent referral that a GP arranges for a patient to see a specialist should a patient exhibit symptoms which could suggest cancer). Unfortunately data was unavailable to track continued performance for cancer two week waits since 2014.
- The practice also used the Electronic Palliative Care Co-ordination System (EPaCCS); this provided a shared locality record for health and social care professionals which allowed rapid access across care boundaries to key information about an individual.
- 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.
- The practice Business Plan included the development of inter-surgery working to meet the needs of the locality. Current work included collaboration with others to provide extended hours at weekends. The plan also stipulated the adaption of the practice and operating

processes to work cooperatively and through this to meet the needs of the locality population, rather than simply being specific to the needs of the practice. Work in this area included cooperation in the design and implementation of local health improvement schemes.

- As part of a CCG scheme the practice provided routine visits to two local residential care homes where they had registered patients. As a result of these interventions and support, since August 2015, across the practices who delivered this activity to 50 homes locally there was an overall 5% reduction in accident and emergency attendance and a 4% reduction in unplanned hospital admissions.

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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. These included patients:

- who were in the last 12 months of their lives
- at risk of developing a long term condition
- who required healthy lifestyle advice, such as in relation to diet and weight management and alcohol consumption. Smoking cessation support was available in-house which included access to prescription medication.

Patients could also access support from a range of NHS, local authority and third sector organisations either directly via staff within the practice or were informed how to self-refer from leaflets and literature which were available in waiting rooms and consulting rooms.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 79% and the national average of 81%. The practice told us they had worked to improve cervical screening performance and to do this they:

- Offered access to evening smear clinics
- Raised awareness amongst target groups
- Kept patient lists and records up to date and removed "ghost" patients from their screening list who were no longer living in the area supported by the practice such as students who had moved away.

As a result of this activity screening uptake had risen from 76% in 2014/2015 to 81% in 2015/2016. This area remained a focus for improvement and the practice planned to introduce the texting or telephoning of patients who were overdue and had not declined a smear test.

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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 100% (national average 88%) and for five year olds ranged from 86% to 96% (national average 89%).

Patients had access to appropriate health assessments and checks. These included health checks for those aged over 75 years old 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

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.

All of the 17 patient Care Quality Commission patient comment cards we received contained positive feedback about the services they received. 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 one member of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and that they had received good personalised care which met their specific needs, they also told us of a time when the practice went out of their way to inform them of their developing medical condition and supported them through their preferred course of treatment.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was consistently above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 100% 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%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% 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%.

- 97% 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 the national average of 85%.
- 96% 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 the national average of 91%.
- 99% 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 sought to support patients with learning disabilities and dementia. They had become a member of the Leeds 'safe places' scheme. This scheme seeks to help adults with learning disabilities cope with any incident that takes place while they are out of their own home, for example being harassed or getting lost which causes them to need assistance. Staff at locations who have signed up for the scheme receive training how they can help assist individuals such as by telephoning family, carers or support workers and ensuring the individual feels safe at a time of crisis. In addition to this staff had received specific training on how to support those with dementia.

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 supported 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 above local and national averages. For example:

- 95% 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%.
- 91% 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 the national average of 82%.



Are services caring?

- 91% 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 the national average of 85%.

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

- Staff told us that interpretation and translation services were available for patients who did not have English as a first language. Staff within the practice also had language skills which they could utilise to support patients with regard to French, Urdu and Punjabi.
- There were a range of patient information leaflets and notices in the entrance hall and waiting area and some of these 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 42 patients as carers (under 1% of the practice list). The practice felt that the lower than average figure for carers may have been driven by the high numbers of students making up their

practice list (approximately 35% of patients were students). Notwithstanding this the practice had engaged with the PPG for ideas to raise the numbers of identified carers and as a result the practice had:

- Carried messages on the call-in screen
- Installed a dedicated carer's noticeboard in the ground floor waiting room
- Altered how they communicate with patients to encourage carers that caring is seen as a normal part of family life and thereby sought to reduce any stigma that could be attached to identifying themselves as carers.
- Encouraged clinicians to opportunistically hand out self-referral cards for a local carers group if they felt that someone may be acting as a carer.

Carers who were identified could access additional services such as flu vaccinations and referral to various support organisations.

Staff told us that if families had experienced bereavement, the practice would be able to support them via consultations and/or by giving them advice on how to find a support service. The practice also discussed recent deaths at team meetings and flagged the records of family members to alert staff to the fact. This alert meant that staff were more aware of the specific needs of the patient at that time.



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 offered 8am to 8pm opening from Monday to Thursday and 7am to 7pm on Friday at Laurel Bank Surgery. In addition, as a result of working with other practices locally, patients were also able to access services delivered at a nearby practice 8am to 4pm on a Saturday and Sunday. In July 2016 the practice was ranked first out of a total of 37 practices in the CCG for patient satisfaction with opening hours. In planning this increased access, the practice had carried out demand monitoring and management. We saw evidence which showed that in the first year of offering extended access that there had been an 8% reduction in Accident and Emergency attendances by patients from the practice. The practice also analysed admissions data and had added additional appointments to cover these periods.
- The practice offered evening family planning and cervical smear clinics. Both clinics we were told were very popular and had very low "did not attend" rates.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice also made home visits to carry out phlebotomy.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice delivered medical care and support to 15 patients in two residential care homes, 12 patients in assisted living accommodation, 39 learning disability patients in group homes and 74 residents of a local bail hostel for recently released ex-offenders. Each of these groups had specific needs which the practice sought to meet. For example, the practice told us how they had worked with an ex-offender who had been diagnosed with cancer and had given support and palliative care. In delivering this community focussed care the practice liaised closely with the organisations and carers operating these facilities.
- As around 35% of the patient list consisted of students, the practice had specific services to support the needs of this group, this included:
 - Support for the registration process which students were able to do either in person at the practice, online or at events at halls of residence and fresher's fairs.
 - Contraception and sexual health support.
 - Participation in the catch up programme for young people aged 17 and over for measles, mumps and rubella and meningitis C vaccinations.
 - Referral to the IAPT services (Improving access to psychological therapies is used to support people who have mild to moderate mental health difficulties, such as depression and anxiety).
 - Regular liaison with the Student Well-Being Centre.
 - Free of charge services such as medicals and form filling to support students.
- The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission. To facilitate effective communication the practice had given by-pass telephone numbers to all patients/carers involved with this service. At the time of inspection the practice had 127 patients (around 2% of the practice list) on their avoiding unplanned admissions register.
- As part of a CCG scheme which provided planned care to patients over 75 years old and who were not part of the avoiding unplanned admissions service the practice had appointed a nurse to act as a clinical care co-ordinator. They worked to identify patients and then to put care planning and support processes in place. In addition this post had a pivotal role in co-ordinating services via referral to other bodies and improving liaison with carers and family members.
- The practice accepted out of area registrations for patients who for example may work in the area but live out of the catchment area.
- The practice had adapted structures and processes to meet the needs of specific groups. For example, there were disabled facilities, a hearing loop and interpretation and translation services available, patients with a physical disability or mobility issues



Are services responsive to people's needs?

(for example, to feedback?)

received consultations in the ground floor treatment rooms and nursing mothers had a specific area for breastfeeding. In addition, after taking part in a disability audit and in light of the Accessible Information Standard, the practice had made changes to how they corresponded with patients and adapted letters to make them easier to read (the accessible information standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need).

- In conjunction with the other practices in NHS Leeds West CCG, the practice participated in a Patient Empowerment Project. Practices who participated referred patients on to local groups and community activities in the voluntary sector. Referred patients were supported either in a group, or one-to-one to help them to develop the skills, knowledge and confidence to self-manage their condition and by this improve their overall health and wider wellbeing. Over the past 18 months 40 patients from the practice had been referred to the project, and the practice was able to tell us of how patients had utilised the service to become more physically active and improve their health and effectively control a pre-existing condition.
- The practice had, since May 2015, hosted a trainee psychotherapist. They delivered a weekly evening clinic which offered in-depth integrative psychotherapy which was not usually available through the NHS. GPs from the practice selected patients from their list and referred them directly. Over this time this service had supported one short-term patient and three long-term patients and assisted them to work through traumatic experiences and to develop themselves to move forward. These patients no longer accessed their GP for mental health issues.

Access to the service

The practice was open between 8am and 8pm Monday to Thursday and 7am to 7pm on Friday. As a result of working with other practices locally, patients were also able to access services delivered at a nearby practice 8am to 4pm on a Saturday and Sunday.

The following appointments were available to patients:

- On the day/urgent
- Pre-bookable

- Telephone consultations
- Home visits (this did not include those patients registered out of area)

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were considerably above local and national averages.

- 96% of patients were satisfied with the practice's opening hours compared to the CCG average of 87% and the national average of 79%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Appointments could be made in person, via the telephone or online.

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 need for home visits were prioritised according to clinical need by a GP. 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- Complaints were subject to an annual review.
- We saw that information was available to help patients understand the complaints system, this included a complaints leaflet developed by the practice and information displayed on the practice website.



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

We looked at 13 complaints which the practice had received since 1 April 2015. We found that these had been handled in a satisfactory manner and that lessons were learned and shared with other staff at team meetings. As an example of positive learning from a complaint, after an incident of a patient being booked to see the wrong nurse

the practice had revised their booking in procedure. Patients were now asked if they wanted to disclose the reason for their appointment so the practice could ensure, as far as possible, that the patient could see the most appropriate clinician to meet their needs.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice told us that their ethos was underpinned by six key principles which were fundamental to their identity, these being: Safety, Quality, Care, Compassion, Blame-free culture and Training.
- The practice had a clear vision with quality and safety amongst its top priorities. A clear strategic approach had been developed by the practice with staff input and was regularly reviewed. A business plan had been developed which underpinned this approach and this reflected the vision and values in place within the practice. The business plan included the development of co-operative working, increased inter-practice working and integration and the maintenance of standards. We saw evidence that elements of this strategic approach and business plan were being delivered such as through collaborative working with other practices and extended weekend appointments. The plan also recognised challenges it faced such as the need for future structural improvements and put in place solutions to meet these.
- The practice had also adopted a systematic approach to service improvement and had developed a practice improvement plan (PIP). The PIP identified key areas where it was felt improvement was required. These areas were identified from patient surveys and feedback, public health reports, audits and risk assessments. The PIP was also used to track and report on progress and its content was discussed at team meetings.

Governance arrangements

Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. 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 on the shared computer drive. These policies were subject to proactive scheduled review and at the time of inspection all policies were within date.
- A comprehensive understanding of local population needs and performance was maintained and this was supported by the effective use of intelligence such as Public Health profiles, QOF reporting, and the use of the Primary Care Web tool and CQC Intelligent Monitoring. A programme of continuous clinical and internal audit was also used to monitor quality and to make support continuous improvement.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Risk assessments were frequently reviewed and updated at regular intervals or needed updating was required due to changes in operation.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care and this was mirrored in their mission statement and organisational ethos. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The partners encouraged a blame-free 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.

Are services well-led?

Outstanding



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

- We saw that there was a consistently high level of constructive staff engagement and we saw evidence to support this such as team meeting minutes and after discussions with individual staff members.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Overall, feedback indicated a very high level of staff satisfaction with staff telling us they enjoyed working at the practice and that they felt proud of their role and the role the surgery played within the community.
- We were told by staff that the practice had a positive attitude to training and development. Staff felt that the practice supported them to retain and enhance their skills and expertise and offered them opportunities to develop their careers. We saw evidence that staff had progressed through the career structure within the practice.

The three practice partners each carried out additional roles which supported and developed the local health community, these included;

- Sitting as a GP advisor on the board of the Medicines Safety Exchange.
- Being a GP Trainer representative on the West Yorkshire Speciality Training Committee (this provided oversight of Health Education England Yorkshire and Humber GP training).
- Acting as a Training Programme Director on the Leeds Training Scheme (one of five GPs who ran this scheme in Leeds and who coordinated recruitment, placement, teaching and support for Leeds registrars).

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

The practice supported rigorous and constructive challenge to support improvement and 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 PPG and through surveys and complaints received. The PPG met regularly, worked closely with the practice submitted proposals for improvements to the practice management team. For example, the PPG had raised with the practice the relocation of advice leaflets to make them more accessible to the public. This suggestion had been acted upon and leaflets were placed in a more prominent position in the entrance hall foyer.
- The practice also gathered feedback from patients via Friends and Family Test submissions and a complaints, compliments and suggestions box. In addition they had commissioned their own survey which was completed in August 2016 by 112 patients. Feedback from this survey showed that 93% of all patient ratings were good, very good or excellent.
- The practice gathered feedback from staff through meetings, appraisals and specific discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The leadership had a strong focus on performance management, continuous learning and improvement at all levels within the practice. The practice team demonstrated a clear proactive approach to seeking out, supporting and embedding new ways of working either solely within the practice or in conjunction with others and participated in local programmes and pilot schemes which would lead to improved outcomes for patients in the area. For example;

- The practice had a proactive view to wider service improvement and co-operated with other bodies which required GP practice input. For example, they had worked with the Department of Work and Pensions to develop and trial new online systems such as those which supported the claiming of Disability Living Allowances by terminally ill patients.

Are services well-led?

Outstanding



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

- The practice had a strong commitment to training and told us that training formed a key part of the culture of the organisation and that this ensured the delivery of informed and effective patient care.
- There was a continuous programme of audit which was used to drive forward improvements in patient care and service delivery.
- The practice participated in a number of CCG led integrated care initiatives and had appointed a nurse as a clinical care co-ordinator, to lead on planned care for identified vulnerable older patients.