St Martins Practice

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Martins Practice on 24 November 2015. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

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

- There was an open and transparent approach to safety and an effective system was in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice held a register of the 2% of patients who were vulnerable or housebound and at risk of an unplanned hospital admission. These patients were given same day appointments when contacting the practice and longer appointment times were allocated.
- The practice had a process in place to follow up patients who had attended accident and emergency (A&E) and those patients who had unplanned hospital admission.
- Patients said they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- Patients were positive about access to the service. They said they found it easy to make an appointment, there was continuity of care and urgent appointments were available on the same day as requested.
- Patients registered with the practice had access to a heath trainer. Health trainers help their clients to assess their lifestyles and wellbeing, set goals for improving their health, agree action-plans, and provide practical support and information that will help people to change their behaviour.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- There was a clear leadership structure and staff were supported by management.
- The practice held two weekly clinical meetings to ensure information was communicated.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

- The leadership team in the practice had identified the specific needs of their patient group and proactively established services which were delivered to meet their needs and the needs of the local community.
- The practice had taken the lead on a number of innovative projects. For example; the Chapeltown Diabetes Service. St Martins Practice recruited a specialist nurse and seconded the nurse to work across six other practices in the locality. The specialist nurse provided support to manage more complex diabetes patients and provided training and support to GPs and practice nurses in order to manage these complex cases in the community.
- The practice also approached the CCG with the idea of a wellbeing service. This was aimed at supporting patients and signposting them to other health, social and third sector services as the practice acknowledged that clinicians did not always have adequate time during consultation to provide the best possible information for patients. The practice put together a plan for the role of a wellbeing co-ordinator, presented this to the CCG and were awarded funding. The social prescribing service was then commissioned at CCG level and rolled out to other practices.
- The practice had acknowledged a lower prevalence of some long term conditions such as hypertension and atrial fibrillation. At the time of our inspection the practice was in the process of undertaking work to confirm lower rates of the conditions in the area or improve detection of these conditions.
- The practice had a long history of looking after people with substance misuse and had developed additional services independent of the general practice to support these patients.
- The provider was a hub service for city wide substance misuse service and hosted a support service at the practice for black and minority ethnic (BME) family, friends and relatives affected by the alcohol use of an adult
- The practice was involved in the Leeds North Clinical Commissioning Group (CCG) Serious Untoward Incident (SUI) engagement scheme and had been identified as the highest reporting practice per 100 registered patients in the locality.
- The practice held a local contract to provide medical care to Care in Community (CIC) beds at a local care home. A CIC bed is a bed in a community setting for older people who do not need to be in hospital but cannot be supported at home. There were 20 beds located in the home, enabling patients to avoid hospital admission.

The practice had good links with the local community and had established the Chapeltown Practice Health Champions group. They had taken the lead on arranging activities for patients in the locality such as Zumba classes, coffee mornings and walking groups.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- Risks to patients were assessed and well managed.
- There was a system in place for reporting and recording significant events.
- There was a nominated lead for safeguarding children and adults. Systems, processes and practices were in place to keep patients and staff safeguarded from abuse.
- There were processes in place for safe medicines management, which included emergency medicines.
- The practice was clean and infection prevention and control (IPC) audits were carried out.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed the practice was performing above local and national averages for patient outcomes in the majority of areas.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. For example, the community matron, the diabetic nurse specialist, the integrated neighbourhood team, district nursing and health visiting teams.
- The practice utilised the patient information boards to inform patients about practice services. For example; advice on how to request a chaperone, bereavement support and job retention service.
- The practice had an established group of Health Champions. Health Champions are patients at the practice who volunteer their time and aim to transform health and well being in their local community. For example they arranged; coffee mornings at the practice, a walking group and exercise classes.

Summary of findings

- The practice had initiated a number of innovative projects which demonstrated improved outcomes for patients registered at the practice and the local community. For example; the Chapeltown Diabetes Service and the Wellbeing Service.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP patient survey showed that patients rated the practice in line with the local and national average. Patients we spoke with and comments we received were all extremely positive about the care and service the practice provided. They told us they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We observed a patient-centred culture and that staff treated patients with kindness, dignity, respect and compassion.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds North Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had identified diabetes as a priority area and approached the CCG for funding to deliver dedicated specialist community nursing time to patients at the practice and across the wider Chapeltown group of practices. This included patients whose diabetes was more difficult manage such as Type 2 diabetics who required complex oral therapies.
- National GP patient survey responses and patients we spoke with said they found it easy to make an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

Summary of findings

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were governance arrangements which included monitoring and improving quality, identification of risk, policies and procedures to minimise risk and support delivery of quality care.
- The leadership team in the practice had identified the specific needs of their patient group and proactively established services which were delivered to meet their needs and the needs of the local community.
- The provider was aware of and complied with the requirements of the Duty of Candour. This is a legal duty on hospital, community and. mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. The partners encouraged a culture of openness and honesty.
- There were systems in place for being aware of notifiable safety incidents and sharing information with staff to ensure appropriate action was taken
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of patient surveys, the NHS Friends and Family Test and the patient group.
- Staff informed us they felt very supported by the GPs and management.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice provided proactive, responsive and personalised care to meet the needs of the older people in its population. Home visits and urgent appointments were available for those patients with enhanced needs.
- The practice worked closely with other health and social care professionals, such as the district nursing team, to ensure housebound patients received the care they needed.
- The practice held a local contract to provide medical care to Care in Community (CIC) beds at a local care home. A CIC bed is a bed in a community setting for older people who do not need to be in hospital but cannot be supported at home. There were 20 beds located in the home, enabling patients to avoid hospital admission.
- The practice supported the practice health champions to host fortnightly events at the practice for all patients to attend, this included activities such as gardening and light exercise which supported older people with social needs.

People with long term conditions

Good

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

- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients who required palliative (end of life) care were provided with support and care as needed, in conjunction with other health care professionals.
- The practice had recruited a Diabetic Specialist Nurse to support the increasing diabetic workload and worked collaboratively with local practices to improve care across the Chapeltown area.
- The practice hosted Health Trainer clinics offering support to patients and supporting them to make lifestyle changes.

Summary of findings

- The practice initiated the Wellbeing service which directs patients to other third sector services to support general health and social wellbeing.
- The practice was involved in the Better for Me Project, working alongside Leeds Community Healthcare to offer rapid home visits from services such as occupational therapists and community matrons.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals. There were policies in place to support this.
- Appointments were available outside of school hours and the premises were suitable for children and babies. All children who required an urgent appointment were seen on the same day as requested.
- The practice worked with midwives, health visitors and school nurses to support the needs of this population group. For example, ante-natal, post-natal and child health surveillance clinics.
- Sexual health and contraceptive and cervical screening services were provided at the practice.
- The practice was a primary care hub for the Leeds substance misuse service, including for young people.
- The practice hosted other services to support this group of patients. For example; couples counselling, Citizens Advice Bureau, Stop Smoking Service and the job retention service.

Working age people (including those recently retired and students)

Good

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

- The needs of these patients had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours from 6pm to 8pm on Tuesday evenings.

Summary of findings

- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group. For example, cervical screening, bowel screening and NHS health checks for patients between the ages of 40 and 74.
- The practice offered a travel vaccination clinic.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances and regularly worked with multidisciplinary teams in the case management of this population group.
- Information was provided on how to access various local support groups and voluntary organisations.
- Longer appointments were available for patients as needed.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had lead GPs for substance misuse; mental health & dementia; learning disabilities; wellbeing.
- The practice worked with a range of services and hosted sessions to support patients. For example; Citizens Advice Bureau; where patients could access confidential advice; a job retention support worker from Leeds Mind who worked with patients experiencing work stress or recovering from mental health problems.
- The provider was a hub service for city wide substance misuse service and hosted a support service at the practice for black and minority ethnic (BME) family, friends and relatives affected by the alcohol use of an adult
- The practice also approached the CCG with the idea of a wellbeing service. This was aimed at supporting patients and signposting them to other health, social and third sector services as the practice acknowledged that clinicians did not always have adequate time during consultation to provide the best possible information for patients. The practice put together a plan for the role of a wellbeing co-ordinator, presented this to the CCG and were awarded funding to support the initiative.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team. Patients and/or their carer were given information on how to access various support groups and voluntary organisations, such as Carers Leeds.
- The practice carried out mental health reviews which included physical health and lifestyle checks.
- Staff within the practice had received Dementia Friends training. This gave them a greater understanding of how to support patients with dementia and their carers.
- The practice carried out dementia screening on patients at risk of developing this condition.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 427 survey forms distributed and 117 were returned. This was a response rate of 27% which represented 2% of the practice's patient list.

- 83% found it easy to get through to this surgery by phone (CCG average 79%, national average 73%).
- 90% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 89% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received 43 comment cards, all of which were positive, many using the word 'excellent' to describe the service and care they had received. Many of the cards specifically gave praise to the practice for their treatment of children. However, some also contained negative comments relating to issues such accessing appointments and use of locum GPs.

During the inspection we spoke with five members of the patient group who were positive about the care they received at the practice. They also told us who the practice engaged with them and listened to their views and opinions.

We also attended the practice health champions meeting and heard about the work they were doing to involve patients in community events such as walking and exercise classes. They told us staff within the practice were 'respectful' and 'knowledgeable'.

Outstanding practice

- The leadership team in the practice had identified the specific needs of their patient group and proactively established services which were delivered to meet their needs and the needs of the local community.
- The practice had taken the lead on a number of innovative projects. For example; the Chapeltown Diabetes Service. St Martins Practice recruited a specialist nurse and seconded the nurse to work across six other practices in the locality. The specialist nurse provided support to manage more complex diabetes patients and provided training and support to GPs and practice nurses in order to manage these complex cases in the community.
- The practice also approached the CCG with the idea of a wellbeing service. This was aimed at supporting patients and signposting them to other health, social and third sector services as the practice acknowledged that clinicians did not always have adequate time during consultation to provide the best possible information for patients. The practice put together a plan for the role of a wellbeing co-ordinator, presented this to the CCG and were awarded funding. The social prescribing service was then commissioned at CCG level and rolled out to other practices.
- The practice had acknowledged a lower prevalence of some long term conditions such as hypertension and atrial fibrillation. At the time of our inspection the practice was in the process of undertaking work to confirm lower rates of the conditions in the area or improve detection of these conditions.
- The practice had a long history of looking after people with substance misuse and had developed additional services independent of the general practice to support these patients.
- The provider was a hub service for city wide substance misuse service and hosted a support service at the practice for black and minority ethnic (BME) family, friends and relatives affected by the alcohol use of an adult

Summary of findings

- The practice was involved in the Leeds North Clinical Commissioning Group (CCG) Serious Untoward Incident (SUI) engagement scheme and had been identified as the highest reporting practice per 100 registered patients in the locality.
- The practice held a local contract to provide medical care to Care in Community (CIC) beds at a local care home. A CIC bed is a bed in a community setting for older people who do not need to be in hospital but cannot be supported at home. There were 20 beds located in the home, enabling patients to avoid hospital admission.
- The practice had good links with the local community and had established the Chapeltown Practice Health Champions group. They had taken the lead on arranging activities for patients in the locality such as Zumba classes, coffee mornings and walking groups.

St Martins Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to St Martins Practice

The practice is located in one of the most deprived areas of Leeds. It has a patient list size of approximately 6156 with a higher than national average number of patients who are between the ages of 20 and 59.

The practice had recently had an increase in patient list size due to the recent closure of a local practice but despite this had been able to perform above local and national averages in the majority of areas.

The practice is located in a converted semi detached house located over two floors, the practice have extended the clinical space on the ground floor by adding an annexe building. Clinical services are provided on the ground and first floors.

The practice has a higher than average black and minority ethnic population and also a higher than average percentage of people living in vulnerable circumstances. For example; asylum seekers, learning disabled patients and patients with a history of substance misuse.

The practice has good working relationships with local health, social and third sector services to support provision of care for its patients. They have taken the lead on a number of innovative projects in the area and involved local practices to ensure improvements are realised throughout the community. For example; the Chapeltown Diabetes Service and the Wellbeing Service.

The service is provided by five GP partners (one male and four female) and one female salaried GP. A regular GP locum also worked at the practice. The GPs are supported by three practice nurses, two health care assistants and a well being co-ordinator. The clinical staff are supported by a practice manager, and experienced team of administrative and secretarial staff.

The practice is open from 8.30am to 6pm Monday to Thursday (with the exception of one Thursday each month when the practice closes at lunchtime for training) and on Friday from 8.30am to 12.30pm and 1.30pm to 6pm.

Extended hours are provided from 6pm to 8pm on Tuesday evenings.

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.

Personal Medical Services (PMS) are provided under a contract with NHS England.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Leeds North Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2015). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 24 November 2015. During our visit we:

- Spoke with a range of staff, which included three GP partners, a GP registrar, a practice nurse, the practice manager, the patient ambassador, the organisational performance team lead and a member of the reception team.
- Reviewed comment cards where patients and members of the public shared their views. All comments received were positive about the staff and the service they received, however some cards also made negative comments, although this had not impacted on their overall experience of the practice as positive.
- Observed in the reception area how patients/carers/ family members were being treated and communicated with.
- Spoke with five members of the patient forum, who informed us how well the practice engaged with them.
- Attended the practice health champions meeting and heard about the work they were doing to involve patients in community events such as walking and exercise classes.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- The practice used an electronic system to report incidents and significant events.
- All staff within the practice were trained to use the system and reported incidents and significant events directly at the time of occurrence.

We looked at incidents and significant events reported via the electronic system since March 2015. The practice had reported 65 incidents and we were able to review minutes documenting that the incidents had been discussed

The practice was involved in the Leeds North Clinical Commissioning Group (CCG) Serious Untoward Incident (SUI) engagement scheme and had been identified as the highest reporting practice per 100 registered patients in the locality.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had released a full set of medical notes to a patients' solicitor, although the patient had requested only notes relating to one particular issue. The practice had acknowledged the error, contacted the patient to apologise for the error and liaised with the solicitor to ensure the information was returned to the practice. As a result of this practice set up a template on the clinical system to support staff when dealing with information requests.

This demonstrated that patients received appropriate support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP acted in the capacity of safeguarding lead and had been trained to the appropriate level three. They attended the regional safeguarding meeting and fed back to the practice accordingly. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- Notices were displayed around the practice advising patients that a chaperone was available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones were trained for the role and more recently employed members of staff had received a Disclosure and Barring Service check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw up to date cleaning schedules in place. A practice nurse was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training.
- There were arrangements in place for managing medicines, including emergency drugs and vaccinations, to keep patients safe. These included obtaining, prescribing, recording, handling, storage and security. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Patient Group Directions (PGDs), in line with legislation, had been adopted by the practice to allow nurses to administer medicines. PGDs are written instructions which allow specified healthcare professionals to supply or administer a particular medicine in the absence of a written prescription. The practice also had a system for the production of Patient Specific Directions to enable health care assistants to administer vaccinations.

Good

Are services safe?

- We reviewed personnel files of the two most recently recruited staff members and found appropriate recruitment checks had been undertaken, for example proof of identification, qualifications, references and DBS checks.

Monitoring risks to patients

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

Electrical and clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order.

There were arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure there was enough staff on duty.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. We saw:

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- A training matrix showed all staff were up to date with basic life support training.
- There was emergency equipment available, such as a defibrillator and oxygen. Emergency medicines were stored in a secure area which was easily accessible for staff. All the medicines and equipment we checked were in date and fit for use.
- The practice had 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 (2014/15) were 97.2% of the total number of points available, with 15% exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Data showed:

- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their record, compared with the CCG (90%) and national (88%).
- 89% of patients diagnosed with dementia had received a face to face review of their care in the preceding 12 months. This was better than the CCG (86%) and national (84%) average.
- 100% of patients diagnosed within the preceding 15 months, had a patient review recorded as occurring within 6 months of the date of diagnosis. This was better than the CCG (97%) average and national (95%) average.

The practice had recently had an increase in patient list size due to the recent closure of a local practice but despite this had been able to perform above local and national averages in the majority of areas.

Clinical audits demonstrated quality improvement:

- The practice actively audited its clinical work and carried out regular monthly medication audits. We looked at two completed audit cycles which identified where improvements had been 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.

The practice had taken the lead on a number of innovative projects such as the Chapeltown Diabetes Service. This service was aimed at improving diabetes care in the local community and was presented to the Chapeltown Group of practices by St Martins Practice.

St Martins Practice recruited a specialist nurse and seconded the nurse to work across six other practices in the locality. The specialist nurse provides support to manage more complex diabetes patients and provide training and support to GPs and practice nurses in order to manage these complex cases in the community.

As a result of the project, the practice have identified that better care can be provided in community, reducing the number of hospital episodes for patients. For example; one working age patient had previously experienced regular periods of low blood sugar levels due to irregular eating. By working with the patient the specialist nurse was able to support them to move from two fixed injections per day to injecting according to carbohydrate consumption. Feedback from the patient had been positive regarding the timely manner in which they were seen and the avoidance of hospital appointments.

Effective staffing

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

- Staff had received mandatory training that included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics. Staff were also supported to attend role specific training and updates, for example long term conditions management.

Good

Are services effective?

(for example, treatment is effective)

- Individual training and development needs had been identified through the use of appraisals, meetings and reviews of practice development needs. Staff had access to in house and external training and e-learning.
- In addition to appraisals the practice also carried out 360 reviews on all staff members. A 360 review enables colleagues to provide feedback on an employee's performance.
- The practice supported staff with development. For example; they had supported nurses within the practice to become prescribers and nurse practitioners and a Health Care Assistant to become a nurse.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to clinical staff in a timely and accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records, investigation and test results. Information such as NHS patient information leaflets were also available.

The practice had an in-house system to identify any patient needing discussion at a wider clinical meeting, this could be to develop treatment or a management plan. Any member of the team could add names to the list for discussion which was held on the clinical system and those patients identified would be discussed on a weekly basis.

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, such as when they were referred or after a hospital discharge. We saw evidence multidisciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

The practice could evidence how they followed up patients who had attended accident and emergency (A&E), or who had an unplanned hospital admission. Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- who were in the last 12 months of their lives
- at risk of developing a long term condition
- required healthy lifestyle advice, such as dietary, smoking and alcohol cessation
- who acted in the capacity of a carer and may have required additional support

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

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken. In addition, health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.

The practice utilised the patient information boards, which were located in the reception area, and this contained details of how to complain, how to request a chaperone and details of other services.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that:

- Members of staff were courteous and helpful to patients and treated them with dignity and respect.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations and that we could not hear any conversations that may have been taking place.

Data from the July 2015 national GP patient survey showed the practice was comparable to the local CCG and national average to the majority of questions regarding how they were treated. For example:

- 88% said the GP was good at listening to them (CCG average 91%, national average 89%).
- 86% said the GP gave them enough time (CCG average 88%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 83% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 91% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

All of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity. However, some also contained negative comments relating to issues such accessing appointments and use of locum GPs.

During the inspection we spoke with five members of the patient group who were positive about the care they received at the practice. They also told us who the practice engaged with them and listened to their views and opinions.

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

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

- 89% said the last GP they saw was good at explaining tests and treatments (CCG average 87%, national average 86%).
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 81%)
- 81% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%)

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

Patient and carer support to cope emotionally with care and treatment

We saw were there were a number of notices in the patient waiting area, informing patients how to access a number of support groups and organisations. The practice had good links with the local community and had established the Chapeltown Practice Health Champions group. They had taken the lead on arranging activities for patients in the locality such as Zumba classes, coffee mornings and walking groups.

The practice had a 100 patients identified on the carers' register and those patients had an alert on their electronic record to notify staff. Carers were offered health checks, influenza vaccinations and signposted to local carers' support groups. There was also written information available to direct carers to various avenues of support.

The practice worked with and hosted a range of services to provide emotional and social support to patients. For example; Citizens Advice Bureau and Leeds Mind.

Good

Are services caring?

We were informed that in the event of the death of a patient, the GP would contact the main relative/carer to provide support and offer a bereavement visit at their convenience. A card of condolence would also be sent.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours from 6pm to 8pm on Tuesday evenings for patient who could not attend the practice during normal opening hours. For example; the working age population.
- There were longer appointments available for people with a learning disability.
- Home visits were available for patients who could not physically access the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- Interpreter services were available for patients who did not have English as a first language.
- The practice had a long history of looking after people with substance misuse and had developed additional services independent of the general practice to support these patients.
- The practice had acknowledged a lower prevalence of some long term conditions such as hypertension and atrial fibrillation. At the time of our inspection the practice was in the process of undertaking work to confirm lower rates of the conditions in the area or improve detection of these conditions.
- The practice worked with a range of services and hosted sessions to support patients. For example; Citizens Advice Bureau; where patients could access confidential advice; a job retention support worker from Leeds Mind who worked with patients experiencing work stress or recovering from mental health problems.
- The provider was a hub service for city wide substance misuse service and hosted a support service at the practice for black and minority ethnic (BME) family, friends and relatives affected by the alcohol use of an adult.
- The practice also approached the CCG with the idea of a wellbeing service. This was aimed at supporting patients and signposting them to other health, social and third sector services as the practice acknowledged that clinicians did not always have adequate time during consultation to provide the best possible information for patients. The practice put together a plan for the role of a wellbeing co-ordinator, presented this to the CCG and were awarded funding. The social prescribing service was then commissioned at CCG level and rolled out to other practices. This had resulted in patients across the locality being supported and signposted to relevant services such as counselling and Citizens Advice Bureau. Isolated patients were also supported to become more active in the community by attending activities and lunch clubs.
- In response to increasing incidence and prevalence of diabetes in the local area, the practice identified a potential solution and presented this to the Chapeltown Group of practice. This project became the Chapeltown Diabetes Service and was aimed at improving diabetes care in the local community. This enabled patients with more hard to manage diabetes to be cared for within the locality rather than attending hospital.

Access to the service

The practice is open from 8.30am to 6pm Monday to Thursday (with the exception of one Thursday each month when the practice closes at lunchtime for training) and on Friday from 8.30am to 12.30pm and 1.30pm to 6pm.

Extended hours are provided from 6pm to 8pm on Tuesday evenings.

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.

The practice had previously struggled with satisfaction rates for access and had undertaken a piece of work to overcome this. The doctor first approach had been adopted; all face to face appointments with a GP were based on clinical need and assessed by a GP. Any patient contacting the practice on any given day would speak to a GP and be given a face to face appointment if deemed clinically necessary.

By scrutinising the capacity and demand the practice were able to provide enough capacity to meet demand on each day. GPs within the practice were required to work when the demand was higher.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

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 (CCG average 74%, national average 75%).
- 83% of patients said they found it easy to get through to the surgery be phone (CCG average 79%, national average 73%)
- 92% of patients said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).

Patients we spoke with on the day of inspection told us they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was information displayed in the waiting area to help patients understand the complaints system. The practice had also produced a booklet to support patients when making a complaint.
- There was a designated responsible person who handled all complaints in the practice.
- All complaints and concerns were discussed at the practice meeting and also raised with staff as appropriate.
- The practice kept a register for all written complaints.

The practice reviewed complaints annually and presented the findings to all staff members during the protected learning afternoon. We reviewed the presentation and saw that this included a refresher for all staff on handling complaints and how best to support the patient.

The practice had received 11 complaints during 2014 and these had been appropriately handled and identified any actions. Lessons were learnt and action taken to improve quality of care as a result.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. There was a mission statement in place which identified the practice values. All the staff we spoke with knew and understood the practice vision and values. There was a robust strategy and supporting business plans in place which were regularly monitored.

At the time of our inspection the practice was working with the Leeds North Clinical Commissioning Group (CCG) and NHS England on premises development and were on track to relocate to a new building located on the opposite side of the road to the current location.

Governance arrangements

The practice had good governance processes in place which supported the delivery of good quality care and safety to patients. This ensured that there was:

- A clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and available to all staff
- A comprehensive understanding of practice performance
- A programme of continuous clinical and internal audit which was used to monitor quality and drive improvements
- The practice had excellent shared understanding of significant event reporting
- There was a good process for managing complaints
- Robust arrangements for identifying, recording and managing risks
- Priority in providing high quality care

Leadership and culture

The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The provision of safe, high quality and compassionate care was a priority for the practice.

There was strong leadership from the practice manager who had a good understanding of the needs of the patients and how best the practice could respond. This supported and enabled the practice to develop and lead on innovative local projects.

The provider was aware of and complied with the requirements of the Duty of Candour. Duty of Candour means health care professionals must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm.

There was a culture of openness and honesty in the practice. There were systems in place for being aware of notifiable safety incidents. We saw evidence of this when reviewing significant events and complaints. We saw that patients were informed when there were unexpected or unintended safety incidents, given reasonable support, truthful information and a verbal and written apology.

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

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients through the patient reference group (PRG), patient surveys, the NHS Friends and Family Test, complaints and compliments received.

The patient group had regular face to face meetings but also had some members who contributed ideas and suggestions electronically. They were engaged with the practice and made recommendations, which were acted upon. For example, the group had been involved in the new appointment system and had been consulted with plans for premises development.

Are services well-led?

Good

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

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

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part in local and national schemes to improve outcomes for patients in the area.

Despite working from premises which were not fit for purposes, with some of the most deprived population in the city, the practice had taken the lead on a number of innovative schemes in the local area.