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Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Thornton Medical Centre on 31 August 2016. Overall the practice is rated as good.

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 in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP or nurse, and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw evidence of outstanding practice:

- The practice was forward thinking and proactive, and contributed to a number of local initiatives in

Summary of findings

conjunction with other agencies and third sector organisations to address the complex needs of those patients with vulnerability factors, such as mental health, alcohol and drug misuse or debt problems. We saw evidence that patient well-being had been improved as a result of these initiatives. For example the practice had obtained funding to contribute to 'mindfulness resilience skills' groups which ran from the local children's centre. We saw evaluation from

these groups which indicated that between 85% and 100% attendees described feeling better about themselves, more able to cope and less stressed than before they attended the course.

However the provider should:

- Review the processes in place for recording and learning from verbal complaints.

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice had a number of policies and protocols in place to govern staff activity.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for most staff. We saw that two members of staff had not received a recent appraisal. Following on from the inspection the practice told us these had been scheduled for 5 September 2016.
- Staff worked with other health care professionals to assess need, plan care and deliver treatment plans to improve patients with more complex needs. We were given several examples where multi-agency working had improved outcomes for patients.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was participating in the CCG funded enhanced care home scheme to improve the care and treatment of patients resident in care homes, and to improve communication between the care homes and the practice. In addition they were participating in the local pre-diabetes and diabetes project which aimed to improve early diagnosis and treatment for patients at risk of developing diabetes.
- Patients said they found it easy to make an appointment with a GP or nurse, and there was continuity of care, with urgent appointments available the same day. An on call GP each day dealt with telephone triage and offered urgent on the day appointments when necessary.
- The practice kept a log of written complaints. However at the time of our inspection records of verbal complaints were not kept.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was open between 7am and 7pm Monday to Friday. The practice provided evidence that since beginning the extended hours scheme they had seen a 5% reduction in attendances at accident and emergency, and a 5% reduction in emergency admissions.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to provide a safe and effective service to patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient reference group (PRG) was active and had been in place since 2011.
- We saw evidence that training, continuous learning and career development was encouraged at all levels

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- In conjunction with two other local practices the practice participated in an enhanced care home scheme. A CCG funded care home nurse and health care assistant, shared by all three practices, visited all care homes in the area on a weekly basis to monitor the health and well-being of the residents. They ensured care and treatment plans were in place and appropriate, and liaised with the practice on a weekly basis.
- The practice told us that prior to this scheme being initiated, they had appointed a nurse employed by the practice to oversee and monitor the care of patients in residential and care homes for older people. They showed us data which indicated that the number of patients able to end their lives at their place of choice had increased from 20% in 2004 to 70% in 2016.
- Before we visited the practice we sought feedback from one residential home for older people and one nursing home for older people. Both told us they received a high quality service from the practice, with easy access to home visits by the GPs and a responsive and friendly service from the practice. One of the homes remarked that there were sometimes delays in receiving the prescriptions requested. Both told us the enhanced care home scheme was having a big impact in terms of improving patient care.
- The practice had a register of older and vulnerable patients at risk of unplanned hospital admission. A care co-ordinator had been appointed who oversaw their care, and created care plans which were regularly reviewed and updated by clinicians. She made contact with this group of patients at least every six months, or following hospital admission and discharge.

Good



People with long term conditions

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

Good



Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 81% of patients with diabetes, on the register, had a recorded cholesterol reading which was within normal limits completed in the preceding 12 months which was the same as the CCG and national average of 81%
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had adopted the 'Year of Care' model for several long term conditions. These encouraged patients to set their own lifestyle and health objectives to manage their condition.
- The practice participated in the local pre-diabetes project, aimed at early diagnosis and treatment for patients at risk of developing this condition... They showed us data which indicated that of 74 people invited for an initial pre-diabetic screening, 14% had been found to have pre-diabetes indicators and 8% had diabetes. Of this group of patients, those who were clinically obese, or who were newly diagnosed diabetics were able to access a 12 week course at a commercial weight loss programme to support them with weight loss if appropriate
- The practice had obtained funding to run a 'self-management' course to help patients to deal with their long term condition. We saw that 98 patients had completed the course, and saw evaluation which evidenced that most of the participants felt an improvement in relation to positive and active engagements in life, emotional well-being and ability to navigate the range of health services available to them...

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- The practice described examples of where they had ‘gone the extra mile’ to identify and support children in vulnerable circumstances; for example, children at risk of trafficking.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and described examples to demonstrate this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Staff gave several examples to describe how joint working with health visitors, school nurses and other agencies, such as family centres, had been effective in sharing information and improving care planning for children in vulnerable circumstances, or for those with more complex needs.
- The practice made contact with all new mothers, providing a ‘new baby’ pack, encouraging parents to register the baby with the practice, and providing details of appointments for new baby medicals and immunisations.
- The practice described how they had obtained funding to provide a ‘childhood minor illness’ session at the local family centre. We saw evaluation from this session which showed that that parents’ confidence and knowledge had improved as a result of attending the group. The practice had plans to continue to offer such sessions in conjunction with health visitor pregnancy support groups.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been acknowledged. The practice was open between 7am and 7pm Monday to Friday.
- The practice provided access to a range of health promotion material appropriate to this age group.
- 83% of eligible women had received a cervical screening test in the preceding five years which was higher than the CCG average of 79% and national average of 82%.
- The practice was proactive in offering online services. They showed us evidence to suggest that 1976 patients (22% of the patient population) had registered for online services.
- Patients were able to make use of self-monitoring of blood pressure, weight and body mass index by means of equipment which was available in the patient waiting area.

Good



Summary of findings

- The practice offered new patient checks and screening for blood borne viruses was carried out with the patient's permission.

People whose circumstances may make them vulnerable

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 including those with a learning disability.
- The practice offered longer appointments of 20 minutes, for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients 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.
- The practice worked closely with multi-agency teams, including third sector (charitable) organisations to improve outcomes for this group of patients. Some of their patients had benefited from a locally provided multi-agency 'Rise High' project which provided support and advice, with issues such as managing debt and tackling other vulnerability factors. This project worked with people living in four nearby high risk flats. Of the 46 people who were seen during the course of the project, 58% were patients at Thornton Medical Practice. Evaluation at the end of the project showed an improvement in people's ability to perform their usual duties, and their ability to manage their self-care needs.
- The practice had identified 202 patients (2%) of the practice list as carers. This group of patients were offered an annual health check and seasonal flu vaccination. They were also signposted to local support services, such as 'Carers Leeds'.
- The practice hosted local authority debt management services who offered a regular clinic at the surgery.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- 92% of patients with schizophrenia or other psychoses had a comprehensive documented care plan completed within the preceding 12 months, which was higher than the local and national average of 88%.
- 74% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than local and national averages of 83% and 86% respectively.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- We saw evidence that evaluation from the 'Rise High' project showed a reduced level of anxiety and depression reported by those who had received support from the project.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had obtained funds to contribute to 'mindfulness resilience skills' groups which ran from the local children's centre. We saw evaluation from these groups which indicated that between 85% and 100% attendees described feeling better about themselves, more able to cope and less stressed than before they attended the course. Mindfulness is a type of meditation which focuses on slowing breathing and focusing thoughts on the precise thoughts, feelings and sensations during the period spent in meditation.
- Patients were able to access support from the local community centre to help manage their mental health, including those issues associated with alcohol or drug misuse.
- Patients experiencing emotional difficulties were able to self-refer to access support from the locally provided 'Patient Empowerment Project' (PEP).

Summary of findings

What people who use the service say

The national GP patient survey results, which were published in July 2016 showed the practice was performing in line with local and national averages. There were 274 survey forms distributed and 109 were returned. This represented 40% of the surveyed population and 1% of the practice's patient list.

- 72% 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%.
- 88% 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 87% and the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. Comments included positive remarks in relation to the new opening hours; staff were described as friendly and caring. One person had commented that getting an appointment was difficult, but described staff during consultations as being willing to listen and providing good treatment.

We spoke with nine patients during the inspection, including three members of the patient reference group (PRG). All nine patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring. In the most recent Friends and Family Test (FFT) results, 62 people responded, and of these, 94% said they were likely or extremely likely to recommend the practice to friends and family.

Areas for improvement

Action the service SHOULD take to improve

- Review the processes in place for recording and learning from verbal complaints

Outstanding practice

- The practice was forward thinking and proactive, and contributed to a number of local initiatives in conjunction with other agencies and third sector organisations to address the complex needs of those patients with vulnerability factors, such as mental health, alcohol and drug misuse or debt problems. We saw evidence that patient well-being had been improved as a result of these initiatives. For example, the practice had obtained funding to contribute to 'mindfulness resilience skills' groups

which ran from the local children's centre. We saw evaluation from these groups which indicated that between 85% and 100% attendees described feeling better about themselves, more able to cope and less stressed than before they attended the course. Mindfulness is a type of meditation which focuses on slowing breathing and focusing thoughts on the precise thoughts, feelings and sensations during the period spent in meditation

Dr RI Addlestone, Dr N Mourmouris, Dr GE Orme, Dr AM Sixsmith and Dr PK Smith

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised a CQC Lead Inspector, a GP specialist adviser and an expert by experience.

Experts by experience are independent individuals who have experience of using GP services.

Background to Dr RI Addlestone, Dr N Mourmouris, Dr GE Orme, Dr AM Sixsmith and Dr PK Smith

Drs Addlestone, Mourmouris, Orme, Sixsmith and Smith (Thornton Medical Centre) is situated in Wortley, Leeds LS12 1JE. It is located approximately two miles south west of Leeds city centre. There are currently 8977 patients on the practice list. The majority of the patients are of white British origin, with approximately 9% Eastern European and other nationalities. Over 50 languages are spoken within the patient population. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England. The practice offers a range of enhanced services such as access to online services, minor surgery and childhood immunisations.

The practice is situated in a modern purpose built two storey building. Facilities are shared with Leeds Community Healthcare Trust (LCHT) staff. The building has car parking facilities, disabled access and is accessible by public transport routes.

The practice is staffed by four GP partners, three male and one female. Additional clinical staff include three female practice nurses, one female health care assistant (HCA), one male phlebotomist and one part time female phlebotomist. The clinical team is supported by a practice manager and a range of administrative, secretarial and reception staff.

The practice is a teaching and training practice, which means it provides training for fully qualified doctors wishing to specialise in general practice. Additionally it provides placements for newly qualified doctors wishing to gain experience of working in general practice.

The practice also hosts other professionals in training, such as student nurses and student occupational therapists.

The practice catchment area is classed as being within the group of the 10% most deprived areas in England. People living in more deprived areas tend to have greater need for health services.

The average life expectancy for patients registered at the practice is 75 years for men and 81 years for women. Local averages are 78 years and 82 years respectively. National averages are 79 years and 83 years respectively.

Detailed findings

37% of the patient list is aged 18 and under, compared to 33% locally and 38% nationally. Eight percent are unemployed. The CCG and national average is 5%

The practice is open between 7am and 7pm Monday to Friday.

Weekly clinics are held which include antenatal clinics, asthma, diabetes and heart disease clinics.

Out of hours care is provided by Local Care Direct which is accessed by calling the surgery telephone number or by calling the NHS 111 service.pm Monday to Friday.

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 the practice we reviewed a range of information we hold about the practice and asked other organisations and key stakeholders to such as NHS England and Leeds West Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided both before and during our inspection. We also reviewed the latest published data from the Quality and Outcomes Framework (QOF), national GP patient survey and the NHS Friends and Family Test (FFT). In addition we contacted one residential home and one nursing home for older people who had patients registered with the practice.

We carried out an announced visit on 31 August 2016.

. During our visit we:

- Spoke with a range of staff including four GPs, the practice manager, clinical skills manager and two practice nurses.
- In addition we spoke with nine patients, including three members of the patient reference group (PRG)
- We observed communication and interaction between staff and patients, both face to face and on the telephone.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- In addition we reviewed five question sheets completed by administrative and reception staff which had been sent out prior to the inspection.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was 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 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an alert had been received advising that cervical cytology vials had been updated, and that old style vials would no longer be accepted by the local laboratory. Following this alert, the practice nurse undertook to review all vials in use in the practice, and discard any old vials to ensure that all staff were using the correct means of transporting the cervical screening sample to the laboratory.

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. We saw that the GP

locum orientation information did not contain details of local safeguarding contact telephone numbers. The practice told us they would include this information in future. There was a lead member of staff for safeguarding. The GPs liaised with health visitors to provide information for child protection conferences, and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. Nurses were trained to level two and other staff to level one.

- A message appeared on the patient information screen in the waiting area which advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example it had been identified that clinical rooms were carpeted. An action plan had been developed to ensure that carpets in clinical areas received regular steam cleaning. We saw that disposable curtains were not always changed on a six monthly basis, in line with National Patient Safety Agency (NPSA) guidance. The practice told us they would review their protocols in relation to this.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were appropriate (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing

Are services safe?

was in line with best practice guidelines for safe prescribing. The practice had recently appointed a senior clinical pharmacist to work alongside the GPs in developing medicines management systems and processes in the practice. Prescription forms for printers were securely stored and there were systems in place to monitor their use. One of the nurses was a nurse prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff in this role. In addition she had agreed to undertake further training to qualify as an advanced nurse practitioner (ANP), and one of the GPs had been identified to provide mentorship in this role. 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 and administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. PSDs are written instructions, signed by a doctor, dentist or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken in most cases prior to employment. We saw that not all files contained proof of identification or details of references following appointment. The practice told us all staff had produced identification in order to be issued with their IT card. They told us in future they would take copies of this identification to retain within the staff file. They told us all recently appointed staff followed the recruitment policy. We saw that although hepatitis B status was checked for clinical staff, health questionnaires were not in use, and other health conditions were not screened for. The practice told us they would improve these arrangements in future. We saw that all professionally qualified staff had received a check on their registered qualification. We saw that the appropriate checks through the Disclosure and Barring Service had been made when required.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. 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 a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. A minimum of three GPs were on duty on every day. Nurses and other staff provided cover for one another during annual leave or other unexpected leave.

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 accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. We saw that some medicines, such as diclofenac and rectal diazepam were not included in the emergency medicine stock. Diclofenac is an analgesic used to treat mild to moderate pain. Rectal diazepam is used in emergency situation to stop 'cluster' seizures in

Are services safe?

patients already being treated for epilepsy. The practice provided us with risk assessments which they had carried out to justify the decision not to include these medicines in their stock.

- 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, 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) showed the practice had achieved 97% of the total number of points available with an exception reporting rate of 16%. This was higher than the national exception reporting rate of 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to local and national averages. For example 84% of patients with diabetes, on the register had a record of a foot examination being completed in the preceding 12 months, compared to the CCG and national average of 88%.
- Performance for mental health related indicators was similar to local and national averages. For example 86% of patients with schizophrenia or other psychoses had a recording of their alcohol consumption completed in the preceding 12 months compared to the CCG average of 89% and the national average of 90%.

The practice provided us with details of their QOF results for 2015/16 which showed that they had again achieved 97% of the total number of points available, with a 15% exception reporting rate. These figures are not yet published and verified.

We explored the issue of higher than average exception reporting with the practice who told us that their recall system was thorough, with monthly reports being created, and after three invitations patients were recorded as giving 'informed dissent'. The practice also felt that the demographics of their patient population contributed to this.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The federation of which the practice was a part had recently recruited a research nurse to act as a shared resource. The practice benchmarked against local practices through the 'Practice MOT' tool which compared data such as accident and emergency attendance, referral rates and elective admissions across the practices in Leeds West CCG.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improving the appropriateness of prescribing anticoagulants for patients with atrial fibrillation (AF). Atrial fibrillation is a heart condition which causes an irregular and often abnormally fast heart rate. People with AF may be at higher risk of stroke.

Information about patients' outcomes was used to make improvements such as introducing standard procedures for monitoring of children under five years old who presented with a fever.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, informal clinical supervision and facilitation and support for revalidating GPs and nurses. All but two staff had received an appraisal within the last 12 months. Following the inspection the practice told us these had been scheduled to be completed on 5 September 2016.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had hosted two occupational therapy students in 2015, who had produced a strategy document looking at ways of reducing health inequalities in the local area, by means of addressing

social determinants of health. The practice acknowledged the benefit of such an approach, and had contributed to a number of local initiatives with this approach in mind.

- 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 regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance such as Gillick competency. These are used in medical law to decide whether a child is able to consent to his or her own treatment without the need for parental consent or knowledge.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored to ensure it met the practice's responsibilities within legislation, and followed national guidance. Consent was recorded on the patient's electronic record. Written consent was obtained for more invasive procedures such as minor surgery. This was then scanned onto the patient's record.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking, alcohol or drug misuse.
- The practice participated in the local pre-diabetes project which aimed at improving early diagnosis and treatment and increasing patient awareness of contributory lifestyle choices for this condition. They showed us data which indicated that of 74 people invited for an initial pre-diabetic screening, 14% had been found to have pre-diabetes indicators and 8% had diabetes. Of this group of patients, those who were clinically obese, or who were newly diagnosed diabetics were able to access a 12 week course at a commercial weight loss programme to support them with weight loss if appropriate.
- The practice had obtained funds to contribute to 'mindfulness resilience skills' groups which ran from the local children's centre. We saw evaluation from these groups which indicated that between 85% and 100% attendees described feeling better about themselves, more able to cope and less stressed than before they attended the course
- Patients living in nearby high rise flats had received input from a multi-agency 'Rise High' project. Evaluation of patients supported by this project showed improvement in people's ability to perform their self-care needs, perform their duties, and a reduction in levels of anxiety and depression.
- Social prescribing (patient empowerment project) services were available to patients to support people experiencing social isolation.
- The practice hosted debt management services in the practice.
- Smoking cessation and alcohol support services were available in house. The local community centre provided additional support to people experiencing problems associated with substance abuse, debt or housing problems.
- The practice had obtained funding to run an in house 'self-management' course for patients with long term conditions. . We saw that 98 patients had completed the course, and saw evaluation which evidenced that most of the participants felt an improvement in relation to areas of life such as positive and active engagement in life, emotional well-being and ability to navigate the range of health services available to them following completion of the course.

The practice's uptake for the cervical screening programme was 83%, which higher than the CCG average of 79% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 98% and five year olds from 87% to 98%. National averages are 96% for two year olds and 92% for five year olds.

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

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient reference group (PRG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 95% 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%.
- 90% 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%.

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 87% 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%.
- 85% 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%.
- 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 87% and the national average of 85%.

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

- Staff told us that telephone interpreter services were available for patients who did not have English as a first language. All patients requiring telephone interpreters were given double appointments.
- The self-check in facility in the waiting area was available in several languages.

Are services caring?

- A self-monitoring health hub was available in the waiting area, enabling patients to monitor their own height, weight, body mass index and blood pressure.
- An information portal was available in the waiting area enabling patients to search for local services such as local authority support services.

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 202 patients as carers (2% of the practice list). Carers were offered an annual health check and seasonal flu vaccination. They were also signposted to local support agencies, such as 'Carers Leeds'

Staff told us that if families had experienced bereavement, their usual GP contacted them if appropriate and the practice sent a condolence card. Additional support or signposting was offered in accordance with the patient's needs or wishes.

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 participated in the local Quality Improvement scheme as part of the national prevention programme to address the needs of pre-diabetic and diabetic patients.

- There were longer appointments available for patients with a learning disability and those requiring a telephone interpreter.
- Home visits were available for housebound or very sick patients.
- Same day appointments were available for children and those with an urgent medical need.
- An 'on call' GP each day managed requests for telephone triage and offered appointments when needed.
- Patients were able to make use of online services.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice was accessible to wheelchair users.

Access to the service

The practice was open between 7am and 7pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

The practice had recently changed their opening hours from 8am to 8pm Monday to Friday, to 7am to 7pm Monday to Friday to better accommodate the needs of working people. Feedback we received on the day responded positively to this change. The practice provided evidence that since beginning the initial extended hours scheme they had seen a 5% reduction in attendances at accident and emergency, and a 5% reduction in emergency admissions.

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.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 75%.
- 72% 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.

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 GP on call made contact with the patient concerned and made a clinical judgement as to the appropriateness of a home visit.

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.

- Their complaints policy and procedures was in line with recognised guidance and contractual obligations for GPs in England. However at the time of the inspection we saw that the practice kept a record of written, but not verbal complaints.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the patient information leaflet and on the practice website.

The practice had received five complaints in the last 12 months. We looked at these and found they had been dealt with in a timely way, were handled satisfactorily with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example a complaint had been received relating to a delay in the issuing of a death certificate. As a result of the complaint, processes within the practice were changed to prioritise requests for death certificates. Clear

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

information was placed in the reception area where staff were able to view the date the certificate was requested, and the clinician responsible for dealing with it, and therefore track progress of the certificate being issued.

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.

- The partners had met to develop the vision and values of the practice. These were to provide a safe and effective service to patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners and management team 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. Staff told us the partners and management team 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. This included support and training for all staff on communicating with patients about notifiable safety

incidents. The partners and management team encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice did not keep written records of verbal complaints. They told us they attempted to resolve verbal complaints at the point of contact. If they were unresolved at this stage however they were recorded. Records were kept of all written complaints and compliments.

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

- Staff told us the practice held regular clinical and staff meetings.
- 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 by the partners and management team in the practice. Staff told us they felt able to raise issues informally or at staff meetings.

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

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

- The practice had gathered feedback from patients through the patient reference group (PRG) and through surveys and complaints received. The PRG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had suggested that seating positions in the waiting area were turned around so that they did not face towards the reception desk. This was to improve confidentiality at the reception area. In addition they had suggested the fitting of a TV in the waiting area providing relevant and up to date information to patients. The practice had adopted both of these ideas.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through taking part in the 'Productive General Practice' programme. Part of the programme involved assessing staff satisfaction in their role. The results in January 2015 indicated that reception staff had a low level of job satisfaction, in comparison to GPs and nursing staff. As a result the practice changed their communication systems with this group of staff, ensuring that the lead GP attended reception meetings to provide updates on practice developments and receive staff feedback. As a result the results in January 2016 showed a significant increase in satisfaction levels amongst this group of staff.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was part of local pilot schemes to improve outcomes for patients in the area. They had acquired funding to improve the use of technology in patient consultations, and had plans to introduce tele-consultations later in the year. The practice was forward thinking and proactive, and contributed to a number of local initiatives in conjunction with other agencies and third sector organisations to address the complex needs of those patients with vulnerability factors, such as mental health, alcohol and drug misuse or debt problems. These included the mindfulness resilience skills group. Childhood minor illness sessions and the 'Rise High' project.