

Sunfield Medical Centre

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		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 Sunfield Medical Centre on 15 November 2016. 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:

- The practice promoted a culture of openness and honesty. All staff were encouraged and supported to record any incidents using the electronic reporting system. There was evidence of good investigation, learning and sharing mechanisms in place.
- The practice complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)
- Risks to patients were assessed and well managed.
- There were safeguarding systems in place to protect patients and staff from abuse.

- There was a clear leadership structure. Staff were aware of their roles and responsibilities and told us the GPs and practice manager were accessible and supportive. There was evidence of an inclusive team approach to providing services and care for patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a good range of interventions to support patients to have a healthy lifestyle, such as smoking cessation, weight management, travel health (including being a designated Yellow Fever centre), student health and NHS health checks.
- Patients' needs were assessed and care was planned and delivered following local and national care pathways and National Institute for Health and Care Excellence (NICE) guidance.
- There was good access to clinicians and patients said they found it generally easy to make an appointment. There was continuity of care and if urgent care was needed patients were seen on the same day as requested. Patients' comments were generally positive about access to services. The practice had improved access as a result of patient's feedback. The practice had extended opening hours four days per week and were also open on Saturday mornings.

Summary of findings

- The GP was an NHS England clinical advisor involved with complaints across Yorkshire and could evidence a comprehensive understanding of complaints and how to respond to them. The practice had an accessible complaints system and evidence showed issues were responded quickly and learning was shared with staff.
- The practice sought views on how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and engagement with patients.
- The practice worked closely with a local elderly action group and staff also undertook fundraising activities and had raised over £1,200 for local charities.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Risks to patients were assessed and well managed
- There were effective systems in place for reporting and recording significant events. There was evidence of investigation, actions taken to improve safety in the practice and shared learning with staff.
- There was a nominated lead for safeguarding children and adults. Embedded systems and processes were in place to keep patients and staff safeguarded from abuse. We saw there was safeguarding information and contact details available for staff.
- There were processes in place for safe medicines management.
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose.
- There were regular checks and risk assessments undertaken, which included those relating to health and safety, such as infection prevention and control.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the needs of patients and delivered care in line with local and national pathway and NICE guidance.
- We saw evidence of annual appraisals and appropriate training for staff.
- Clinical audits could demonstrate quality improvement.
- End of life care was delivered in a compassionate and coordinated way.
- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally comparable to local and national averages.
- The practice had identified 2% of their practice population at most risk of unplanned hospital admission. These patients were followed up by the GP within three days of any hospital admission and discharge to review their health and medicine needs.

Summary of findings

- There was evidence of working with other health and social care professionals, such as the mental health team, to meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed responses were variable for questions regarding the provision of care. However, comments we received from patients on the day of inspection were very positive about their care.
- We observed that staff treated patients with kindness, dignity, respect and compassion. Patients' comments aligned with these observations.
- There was a variety of health information available for patients, relevant to the practice population, in formats they could understand.
- The practice maintained a register of those patients who were identified as a carer and offered additional support as needed. Annual health checks were offered and all carers were signposted to Carers Leeds to support access to respite care
- Appointments for carers were prioritised to minimise the impact of their absence from home.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked with Leeds West Clinical Commissioning Group (CCG) and other local practices to review the needs of their population.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Patients had access to physiotherapy, weight management, minor surgery, health visiting and midwifery services on the premises.
- National GP patient survey responses and comments made by patients indicated appointments were available when needed. Patients' comments were generally positive about access to services. The practice had improved access as a result of patients' feedback.
- The practice offered pre-bookable, same day and online appointments. They also provided extended hours appointments during the week and on Saturday mornings, telephone consultations and text message reminders.
- All patients requiring urgent care were seen on the same day as requested.

Summary of findings

- Home visits and longer appointments were available for patients who were deemed to need them, for example housebound patients or those with complex conditions.
- The practice staff had a good understanding of the needs of their practice population and were flexible in their service delivery to meet patient demands; such as providing additional GP appointments or telephone consultations when required.
- The practice had an accessible complaints system and evidence showed the practice responded quickly to issues raised and learning was shared with staff.

Are services well-led?

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

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were safe and effective governance arrangements in place. These included the identification of risk and policies and systems to minimise risk.
- The provider complied with the requirements of the duty of candour. There were systems in place for reporting notifiable safety incidents and sharing information with staff to ensure appropriate action was taken.
- The practice promoted a culture of openness and honesty. Staff and patients were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services.
- The lead GP was an NHS England clinical advisor involved with complaints across Yorkshire, therefore, there was a comprehensive understanding of significant events and complaints. They utilised their experience to support safety within the practice.
- The practice proactively sought feedback from patients through engagement with patients and their local community.
- The practice operated a weekly 'dress down Friday', for which staff paid a contribution to a nominated local charity. In addition, staff also undertook fundraising activities and had raised over £1,200 for local charities.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Proactive, responsive care was provided to meet the needs of the older people in its population.
- They offered rapid access appointments to those patients with enhanced needs and those who could not access the surgery due to ill health or frailty.
- The practice participated in the enhanced care home scheme, which supported timely assessments of patients' care and treatment needs. They worked with the community consultant in elderly care to support the medical needs of these patients. Weekly 'ward rounds' were undertaken at a local care setting where registered patients were resident.
- Medication reviews were undertaken every six months with those patients who were on multiple medications.
- Registers of patients who were aged 75 and above and also the frail elderly were in place to ensure timely care and support were provided.
- Shingles, pneumococcal and influenza immunisations were offered to patients who were eligible.
- The practice worked closely with other health and social care professionals, such as the district nursing team, to ensure housebound patients received the care and support they needed.
- End of life care was provided in accordance with the patients' and families/carers' wishes as appropriate.
- The practice worked closely with a local elderly action group and patients were signposted for additional support to help combat feelings of isolation and loneliness. The practice also donated funds towards a minibus for use by elderly people in the community.

People with long term conditions

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

Good



- The clinicians in the practice supported the management of long term conditions. Annual or six monthly reviews were

Summary of findings

undertaken to check patients' health care and treatment needs were being met. There was an effective system for the follow-up of non-compliant patients and those who did not attend (DNA) appointments.

- 78% of patients diagnosed with asthma had received an asthma review in the last 12 months (CCG and national averages of 75%).
- 91% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received a review in the last 12 months (CCG average 88%, national average 90%).
- 100% of newly diagnosed diabetic patients had been referred to a structured education programme in the preceding 12 months (CCG average 89%, national average 92%).
- There were in-house phlebotomy services and a 'one stop' appointment, where patients with multiple long term conditions could be seen, to avoid the need for multiple appointments.
- There were systems in place to support the recall of these patients for influenza and pneumococcal vaccinations.
- Clinicians liaised with the community matron regarding care, treatment and support of these patients, particularly those who were housebound.

Families, children and young people

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

- The practice worked with midwives and health visitors to support the needs of this population group. For example, through the provision of ante-natal, post-natal and child health surveillance clinics.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. We were informed that same day access was available for all children.
- At between 92% to 100% immunisation uptake rates were in line with CCG and national rates for all standard childhood immunisations.

Good



Summary of findings

- Sexual health, contraceptive, cervical and chlamydia screening services were provided at the practice. Eighty two percent of eligible patients had received a cervical screening test, compared to the CCG average 79% and the national average 81%.
- All children aged two to four and those in the at risk groups were offered vaccination against influenza (nasal vaccines are used for the younger generation)
- Human papillomavirus (HPV) vaccines were available to patients who missed vaccination at school

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 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 provided extended hours appointments on evenings and at the weekend. Telephone consultations, online booking of appointments and ordering of prescriptions were also available.
- The practice offered a range of health promotion and screening that reflected the needs for this age group. These included NHS health checks for those aged 40 to 74 years and advice regarding smoking and alcohol.
- Travel health advice and NHS travel vaccinations, including those for the prevention of Yellow Fever, were available.
- Measles, mumps and rubella (MMR) and Meningitis ACWY vaccinations were offered to students. Temporary registration was also available for patients who were staying in the area for less than three months.

Good



People whose circumstances may make them vulnerable

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

- 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.

Good



Summary of findings

- We saw there was information available on how patients could access various local support groups and voluntary organisations.
- The practice identified the 2% of patients who were the most vulnerable or the highest risk of an unplanned hospital admission. Care plans were in place for these patients and collaborative working was undertaken with other relevant services, such as social services or community matron.
- All patients who had a learning disability were flagged on the computer system. Annual health reviews were undertaken and additional support was offered as befit the individual needs of those patients. Carers of these patients were also identified.

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).

- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team.
- At 75% the number of patients who had a complex mental health problem and had an agreed care plan documented in their record in the preceding 12 months, was lower than the CCG average of 85% and national average of 89%. However, their incidence of exception reporting was zero percent (CCG 11%, national 13%).
- Patients and/or their carer were given information on how to access various support groups and voluntary organisations.
- 83% of patients diagnosed with dementia had received a review of their care in the preceding 12 months. These were comparable to the CCG average of 87% and national average of 84%.
- The practice followed up those patients who did not attend their appointments.
- Patients who were at risk of developing dementia were screened and support provided as necessary.
- Staff had a good understanding of how to support patients with mental health needs or dementia.
- Patients in this category were also placed on the 2% at risk register and an alert was added on their electronic record to make clinicians aware of any additional needs or support the patient may require.

Good



Summary of findings

What people who use the service say

The July 2016 national GP patient survey distributed 245 survey forms of which 117 were returned. This was a response rate of 48% which represented less than 3% of the practice patient list. The results showed responses were variable compared to local CCG and national averages. For example:

- 78% of respondents described their overall experience of the practice as fairly or very good (CCG 89%, national 85%)
- 67% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG 84%, national 79%)
- 72% of respondents described their experience of making an appointment as good (CCG 76%, national 73%)
- 79% of respondents said they found the receptionists at the practice helpful (CCG 89%, national 87%)
- 94% of respondents said they had confidence and trust in the last GP they saw or spoke to (CCG 97%, national 95%)
- 98% of respondents said they had confidence and trust in the last nurse they saw or spoke to (CCG 98%, national 97%)

The practice informed us they reviewed the national survey results and they also commissioned their own patient survey. We saw the results from the previous two

years and could see there had been an improvement overall in patient satisfaction. The practice assured us they were continuing to improve their patient satisfaction and were engaged with the patient participation group (PPG) to support them. The business manager informed us they would often sit and chat with patients in the waiting area to obtain their views and any suggestions for improvements.

As part of the inspection process we asked for Care Quality Commission (CQC) comment cards to be completed by patients. We received 45 comment cards all of which were positive. They stated they felt listened to and cited staff as being caring, helpful and friendly. They felt they received 'excellent and professional' care from the clinicians. A small number of comments, although positive, did highlight some difficulties getting an appointment, whilst others said they found getting one 'easy'.

We also spoke with five patients on the day; two of whom were also members of the PPG. They were all very positive about the staff and the practice. They gave us several examples to demonstrate how they had been cared for and treated. All of them told us they "found it easy to get an appointment". The members of the PPG told us they were engaged with the practice and had an 'excellent' relationship with them.

Sunfield Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector, a second CQC inspector and a GP specialist advisor.

Background to Sunfield Medical Centre

Sunfield Medical Centre is a member of the Leeds West Clinical Commissioning Group (CCG). Personal Medical Services (PMS) are provided under a contract with NHS England. The practice is also registered with the Care Quality Commission (CQC). They offer a range of enhanced services, which include:

- extended hours access
- delivering childhood, influenza and pneumococcal vaccinations
- facilitating timely diagnosis and support for people with dementia
- identification of patients at a high risk of an unplanned admission and providing additional support as needed
- being a designated Yellow Fever centre

The practice is located at Sunfield Place, Stanningley, Pudsey LS28 6DR. The building had a lot of known history within the community; it had previously been a children's home and a refugee centre during the war years. In 1986 the building became the practice it is today. We were informed that some patients had been residents in its former life. The property is currently owned by the lead GP and a retired GP partner. It is a three story detached building with car parking and a designated disabled space. There are four consulting rooms and two treatment rooms; all of which are on the ground floor.

The patient list size is currently 4,256 and made up of predominantly white British with a small number of patients from mixed ethnic backgrounds. Patient demographics are comparable to CCG averages. For example, 65% of patients are in paid work or full-time education, compared to the CCG average of 66%. The percentage of patients unemployed is 4% (CCG 5%). There are 53% of patients who have a long standing health condition (CCG 51%). The deprivation score for Sunfield Medical Centre in 2015 was 20%, compared to the CCG average of 23%.

There is a full-time male GP and a female GP locum (who works term-time only). Regular sessional or locum GPs are used to support appointment demand or for holiday cover. Nursing staff consists of an advanced nurse practitioner (two days per week), two practice nurses and a health care assistant; all of whom are female. The clinicians are supported by a business manager, an assistant practice manager and a team of administration and reception staff who oversee the day to day running of the practice. The practice also employs a housekeeper who oversees the cleaning of the building.

The practice is open Monday to Fridays 8am to 8pm (closes at 6pm on Wednesdays) and from 9am to 12 midday on Saturdays. Appointments can be pre-booked, made on the same day or a telephone consultation can be arranged. Appointments are available 8am to 11.30am Monday to Friday and 1.30pm to 3.30pm, 5pm to 7.30pm Monday to Friday (Wednesday is 3.30pm to 5.30pm only). Saturday appointments are 9.30am to 11.30am. 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.

Detailed findings

The practice has good working relationships with local health, social and third sector services to support provision of care for its patients. (The third sector includes a very diverse range of organisations including voluntary, community, tenants' and residents' groups.)

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Leeds West CCG, to share what they knew about the practice. We reviewed the latest 2015/16 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results published in July 2016. QOF is a voluntary incentive scheme for GP practices in the UK, which financially rewards practices for the management of some of the most common long term conditions. 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 15 November 2016. During our visit we:

- Spoke with a range of staff, which included the lead GP, the business manager, assistant practice manager, a practice nurse, a healthcare assistant and administration staff.
- Reviewed CQC comment cards and spoke with patients regarding the care they received and their opinion of the practice.
- Reviewed questionnaires given to reception/administration and nursing staff prior to the inspection.
- Observed in the reception area how patients, carers and family members were treated.
- 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.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting, recording and investigating significant events (SEAs).

- Staff told us they would inform the practice manager of any incidents. There was an electronic incident recording form on the practice computer system. The SEAs were discussed at staff meetings and we saw evidence which showed investigation, actions being taken to improve safety in the practice and shared learning with the staff.
- The practice was aware of their wider duty to report incidents to external bodies such as Leeds West CCG and NHS England. This included the recording and reporting of notifiable incidents under the duty of candour.
- When there were unintended or unexpected safety incidents, we were informed patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Safety alerts were cascaded to all staff and actioned as appropriate.

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. We saw evidence of:

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. Staff had received training relevant to their role and gave us several examples which demonstrated their understanding of safeguarding. There was a safeguarding lead for adults and children, who had been trained to the appropriate level three. All staff had received training relevant to their roles. Although it was not always possible for the GPs to attend external multi-agency safeguarding meetings, reports were always provided where necessary. All safeguarding issues were discussed at the weekly practice meeting. We were informed the health visitor did not regularly

attend the practice. However, the practice contacted the health visitor to discuss any child safeguarding issues or concerns with them as the need arose. Patients who were vulnerable or at risk of safeguarding were identified on their patient record to alert staff as appropriate.

- A notice was displayed in patient areas, 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 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.) It was recorded in the patient's record when a chaperone had been in attendance or refused.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was a nominated lead for infection prevention and control (IPC). All staff had received up to date training in IPC. We saw evidence that an IPC audit had taken place and action had been taken to address any improvements identified as a result. There was an IPC policy in place and the practice liaised with the local IPC team as necessary.
- 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. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines, in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) The practice had a system

Are services safe?

for production of Patient Specific Directions (PSDs) to enable healthcare assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. (PSDs are written instructions for the supply or administration of medicines to a named patient after the prescriber has assessed the patient on an individual basis.)

- There were systems in place to review blood results and tests for patients and contact them for follow up. These included ensuring results were received for all samples sent for the cervical screening programme. The practice also followed up women who were referred to secondary care services as a result of abnormal results.
- We reviewed two personnel files of the most recently recruited staff. We found recruitment checks had been undertaken in line with the practice recruitment policy, for example proof of identification, character references, evidence of qualifications and DBS checks.

Monitoring risks to patients

The practice had procedures in place for assessing, monitoring and managing risks to patient and staff safety. We saw evidence of:

- Risk assessments to monitor the safety of the premises, such as the control of substances hazardous to health and legionella (legionella is a bacterium which can contaminate water systems in buildings).
- A health and safety policy and up to date fire risk assessment.
- All electrical and clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff worked flexibly to cover any changes in demand, for example annual leave, sickness or seasonal.

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.
- All staff were up to date with basic life support and fire training. There was a nominated fire marshal, fire drills were undertaken and the fire alarms checked on a weekly basis.
- There was 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 stored in a secure area which was easily accessible for staff. All the samples of medicines and equipment we checked were in date, fit for purpose and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was available on the practice intranet and all staff had access to a paper copy

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 (2015/16) showed the practice had achieved 98% (CCG average 96%, national average 95%) of the total number of points available, with 5% exception reporting. This was lower than the CCG average of 9% and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data showed:

- Performance for diabetes related indicators were comparable to CCG and national averages. For example, 91% of patients on the diabetes register had a recorded foot examination completed in the preceding 12 months (CCG and national averages of 88%).
- Performance for mental health related indicators were comparable to CCG and national averages. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months (CCG average 88%, national average 89%).

The practice used clinical audit, peer review, local and national benchmarking to improve quality. There had been several audits completed in the preceding two years, which

included regular antibiotic prescribing audits. We reviewed the most recent audit (October 2016), which related to childhood asthma and the quality of clinical reviews undertaken. It had been identified that not all information had been captured during the review, such as whether the child was exposed to tobacco smoke. The practice had also noticed there had been a period of absence of an asthma trained nurse who could undertake the reviews. This has since been rectified. As a result of the audit, there was raised awareness with the clinicians. Invites for reviews were targeted for the school holidays. Staff were reminded to complete the asthma review template with all the required information. A re-audit was planned for January 2017.

Effective staffing

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

- The learning and development needs of staff were identified through appraisals, meetings and reviews of practice performance and service delivery. Staff received appraisals on an annual basis. As a result of a previous incident, the business manager had introduced a comprehensive competency framework which staff followed. This was reviewed on a regular basis.
- Staff were supported to access e-learning, internal and external training. They were up to date with mandatory training which 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 who administered vaccines and the taking of samples for the cervical screening programme had received specific training, which included an assessment of competence. We were informed staff kept up to date of any changes by accessing online resources or guidance updates.
- The GPs were up to date with their revalidation and appraisal.
- The practice nurses were up to date with their nursing registration.

Coordinating patient care and information sharing

The practice had timely access to information needed, such as medical records, investigation and test results, to

Are services effective?

(for example, treatment is effective)

plan and deliver care and treatment for patients. They could evidence how they followed up patients who had an unplanned hospital admission or had attended accident and emergency (A&E); particularly children or those who were deemed to be vulnerable.

Staff worked with other health and social care services, such as the community matron and mental health services, to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. With the patient's consent, information was shared between services using a shared care record. We saw evidence that multidisciplinary team meetings, to discuss patients and clinical issues, took place on a monthly basis.

Care plans were in place for those patients who had complex needs, were at a high risk of an unplanned hospital admission or had palliative care needs. These were reviewed and updated as needed. Information regarding end of life care was shared with out-of-hours services, to minimise any distress to the patient and/or family.

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 and Fraser guidelines. These are 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.

We saw evidence that when a patient gave consent it was recorded in their notes. Where written consent was obtained, this was scanned and filed onto the patient's electronic record.

Supporting patients to live healthier lives

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

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

We were informed (and saw evidence in some instances) that the practice:

- Encouraged patients to attend national screening programmes for cervical, bowel and breast cancer. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice uptake rates were in line with CCG and national averages, for example:

Cervical screening in the preceding five years was 82% (CCG 79%, national 81%).

Breast screening of females aged 50 to 70 in the last 36 months was 71% (CCG 70%, national 72%).

Bowel screening of patients aged 60 to 69 years in the last 30 months was 57% (CCG 59% and national 58%).

- Carried out immunisations in line with the national childhood vaccination programme. Uptake rates for children aged eight weeks to five years ranged from 92% to 100% (CCG 92% to 98% and national 83% to 95%).
- Patients had access to appropriate health assessments and checks. These included NHS health checks for people aged 40 to 74 years. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken.
- Pre-diabetes checks were undertaken with those patients who were deemed most at risk of developing type two diabetes.
- Screening was undertaken with those patients who may be at risk of, or showing signs and symptoms of, developing dementia. These patients were referred to memory services as appropriate.
- There was access to physiotherapy, phlebotomy, weight management and smoking cessation services on the premises.

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.
- There was a private room should patients in the reception area want to discuss sensitive issues or appeared distressed.
- 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.
- Chaperones were available for those patients who requested one and it was recorded in the patient's record.

Data from the national GP patient survey showed responses to questions regarding how they were treated, were variable compared to CCG and national averages. For example:

- 82% of respondents said the last GP they saw or spoke to was good at listening to them (CCG 91%, national 89%)
- 79% of respondents said the last GP they saw or spoke to was good at giving them enough time (CCG 89%, national 87%)
- 77% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG 88%, national 85%)
- 93% of respondents said the last nurse they saw or spoke to was good at listening to them (CCG 92%, national 91%)
- 94% of respondents said the last nurse they saw or spoke to was good at giving them enough time (CCG 93%, national 92%)
- 89% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG 92%, national 91%)

All of the 45 comment cards we received were positive about the service and care they had received. They stated they felt listened to and cited staff as being caring, friendly and helpful.

Patients we spoke with on the day, were also very positive about all the staff and the practice. They gave us several examples to demonstrate how they had been cared for and treated. We were informed how staff had sometimes dropped off prescriptions collected from the pharmacist, to take to a patient's home.

Care planning and involvement in decisions about care and treatment

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

- The choose and book service was used with all patients as appropriate.
- Interpretation and translation services were available for patients who did not have English as a first language.
- There were information leaflets and posters displayed in the reception area available for patients.

Data from the national GP patient survey showed responses to the following questions rated the practice comparable to other local and national practices. For example:

- 81% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG 84%, national 82%)
- 85% of respondents said the last GP they saw was good at explaining tests and treatments (CCG 88%, national 86%)
- 85% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG 86%, national 85%)
- 92% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG 91%, national 90%)

Patient and carer support to cope emotionally with care and treatment

The practice maintained a carers' register and the patient electronic record system alerted clinicians if a patient was a carer. The practice had identified approximately 2% of their registered patients as being a carer and appreciated this was an ongoing area of improvement. All carers were offered a health check and influenza vaccination. Additional support was provided either by the practice or signposted to other services as needed. Carers were encouraged to participate in the Carers Leeds yellow card scheme. This card informs health professionals that the

Are services caring?

individual is a carer for another person and to take this into consideration should the carer become ill, has an accident or is admitted to hospital. We were informed that staff were generally aware of those patients who were a carer and were quickly aware if they were exhibiting signs of stress or fatigue and offered support as necessary. The practice had an annual open day for carers, where they could access information from a variety of avenues. The practice had previously won an award for 'Working with Carers'.

Meetings were undertaken every quarter, where the clinicians met with the palliative care team to ensure those patients who required palliative care, and their families, were supported as needed. We were informed that if a patient had experienced a recent bereavement, they would be contacted and support offered as needed.

We saw there were notices and leaflets in the patient waiting area, informing patients how to access a number of support groups and organisations. There was also information available on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with NHS England and Leeds West CCG to identify and secure provision of any enhanced services or funding for improvements. Services were provided to meet the needs of their patient population, which included:

- Extended hours appointments during weekdays and on Saturdays.
- Home visits for patients who could not physically access the practice and were in need of medical attention.
- Urgent access appointments for children and patients who were in need.
- Telephone consultations.
- Longer appointments as needed.
- Online services such as booking of appointments and reordering of prescriptions.
- Travel vaccinations which were available on the NHS. The practice was also a designated Yellow Fever centre.
- Disabled facilities, such as a ramp at the front entrance, wide corridors and toilets suitable for disabled patients.
- Interpretation and translation services.
- Weekly 'ward round' at a local care setting where registered patients were resident.

Access to the service

The practice was open Monday to Fridays 8am to 8pm (closed at 6pm on Wednesdays) and from 9am to 12 midday on Saturdays. When the practice was closed out-of-hours services were provided by Local Care Direct.

Appointments could be pre-booked, made on the same day or a telephone consultation could be arranged.

Appointments were available 8am to 11.30am Monday to Friday and 1.30pm to 3.30pm, 5pm to 7.30pm Monday to Friday (Wednesday was 3.30pm to 5.30pm only). We were informed that from December there would be access to primary care services on Saturdays and Sundays; through a 'hub' of local practices.

Data from the national GP patient survey showed respondents rated the practice in line with local and national practices, with regard to access to the service. For example:

- 80% of respondents were fairly or very satisfied with the practice opening hours (CCG 83%, national 78%)
- 80% of respondents said they could get through easily to the surgery by phone (CCG 77%, national 73%)
- 90% of respondents said the last appointment they got was convenient (CCG 94%, national 92%)

Surveys which had been commissioned by the practice showed patients' satisfaction with access varied from good to excellent and were comparable to national averages.

The practice had also improved access as a result of patients' feedback.

Listening and learning from concerns and complaints

The lead GP also acted in the capacity of a clinical advisor working with NHS England in monitoring complaints for the whole of Leeds. This had helped to support a comprehensive and effective complaints system within the practice:

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- The practice kept a record of all written complaints.
- All complaints and concerns were discussed at the practice meeting.
- There was information available in the practice, in the patient information leaflet and on the practice website, to help patients understand the complaints system.

There had been two complaints received in the last 12 months. We found they had been satisfactorily handled. Lessons had been learned and action taken to improve quality of care. We were informed that the small numbers of complaints received could be due to the knowledge and skills of the lead GP (as complaints lead in Yorkshire) and the engagement of the business manager with patients. We were also informed that any verbal 'niggles' were sorted out at the time, to the satisfaction of the patient, rather than escalated into a formal complaint. The practice assured us they still reviewed these to support identification of any themes.

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, with a mission statement stating they were “committed to providing patients with an integrated, comprehensive and high quality primary care service”.

All staff knew and understood the practice vision and values. There was a strong patient-centred ethos amongst the practice staff and a desire to provide high quality care. This was reflected in their passion and enthusiasm when speaking to them about the practice, patients and delivery of care.

The GP and business manager could inform us what the strategy was for the practice over the coming years, which included seeking to employ a permanent GP. They had a business development plan in place for the next five years, which identified areas for investment, for example in IT and refurbishment of the premises. There were immediate plans to move telephones, to take incoming calls from patients, to the first floor to support confidentiality and cause less disruption to the reception area, patients and staff.

Governance arrangements

There were effective governance processes in place which supported the delivery of good quality care and safety to patients. This ensured there were:

- Practice specific policies which were implemented, updated, regularly reviewed and available to all staff.
- A comprehensive understanding of practice performance. Practice meetings were held where practice performance, significant events and complaints were discussed.
- Clinical audit was used to monitor quality and drive improvements.
- Arrangements for identifying, recording, managing and mitigating risks.
- A good understanding of staff roles and responsibilities. Staff had lead key areas, such as safeguarding, dealing with complaints and significant events, infection prevention and control.
- Business continuity and comprehensive succession planning in place.

Leadership and culture

On the day of inspection the GP and business manager could demonstrate they had the experience, capacity and capability to run the practice and ensure high quality care. The business manager had previously been the practice manager representative for Leeds on the Local Medical Council and could demonstrate where they had utilised this experience to the good of the practice. The GP could evidence how they brought their knowledge and skills with regard to dealing with high level significant events and complaints, to ensure safety was paramount within the practice. All staff told us they prioritised safe, high quality and compassionate care. There was an open and honest culture in the practice, where concerns could be raised as necessary. We saw evidence of:

- Practice and clinical meetings being held.
- Formal minutes from a range of multidisciplinary meetings held with other health and social care professionals to discuss patient care and complex cases, such as palliative care.
- An inclusive team approach to providing services and care for patients.
- Systems in place to ensure compliance with, the requirements of the duty of candour.

The practice had recently recruited to a newly developed assistant practice manager post and were currently in the early stages of allocating specific duties to this role. Consequently, staff were going to either the business manager or assistant practice manager for advice or support. We were assured there would be clarification of the role, which would be cascaded to staff to avoid any confusion and support clear lines of management and leadership.

Staff said they felt they provided a ‘family feel’ to service delivery and could demonstrate a good understanding of their patients. Many said they felt proud to work at the practice and there was good teamwork.

The practice operated a weekly ‘dress down Friday’, for which staff paid a contribution to a nominated local charity. In addition, staff also undertook fundraising activities and had raised over £1,200 for local charities.

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:

Are services well-led?

Good 

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

- Patients through day to day engagement with them.
- Members of the patient participation group (PPG). The PPG met every quarter and felt confident in submitting ideas and suggestions for improvements to the practice. For example, they had raised that there had been some issues with regard to 'lost' prescriptions at a local pharmacy. The practice had engaged with the local pharmacy to clarify what the issues were and how they could resolve them.
- The NHS Friend and Family Test, complaints and compliments received.
- Staff through regular meetings, discussions and the appraisal process. Staff told us they would not hesitate to raise any concerns and felt involved and engaged within the practice to improve service delivery and outcomes for patients.

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:

- Working with other services, as part of a 'hub', to support and improve patient access to primary care services, particularly in relation to Saturday and Sunday access.
- The practice continued to work closely with a local elderly action group and donated funds towards a minibus for use by elderly people in the community.
- The practice facilitated training sessions for third year medical students. They informed us this also enabled staff to keep up to date.
- The practice had a planned refurbishment of the premises.
- There were also plans to recruit a salaried GP to support service delivery.