

Dr CA Hicks & Dr JJ McPeake

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 Drs. Hicks and McPeake on Wednesday 4 May, 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 a system in place for reporting and recording significant events.
- Risks to patients were managed, when identified.
- 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 named GP 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 leadership structure and staff felt supported by management. The practice proactively sought feedback from patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. Examples of this included a text messaging service informing patients of their test results and what action to take, and a system developed to ensure patients had a joint management care plan.

Summary of findings

We saw the following area of outstanding practice:-

- Patients had been offered smoking cessation advice and it was noted that over 95% of patients who smoked and were over 16 years of age had been offered advice on how to stop smoking. Over 70% of patients with a BMI of 30+ had been offered weight management support.

However there are areas where the provider needs to make improvements.

The provider must:

- Provide, monitor and maintain oxygen supplies within the practice to enable staff to respond urgently in the event of a patient becoming seriously ill.
- Ensure that patient group directions (PGDs) are signed and updated appropriately. PGDs allow nurses to administer medicines in line with legislation.

- Develop systems of producing patient specific directions (PSDs) to enable health care assistants (HCAs) to administer vaccinations to a named patient when a doctor or nurse was on the premises.

In addition the provider should:

- Revise and update its locum pack to make it more comprehensive and informative. Evidence was provided within five working days of the inspection that this had been done.
- Review the communication arrangements within the practice to enable staff to share lessons learned from significant events and complaints.
- Develop systems to update patient care plans following multidisciplinary meetings.

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 a system in place for reporting and recording significant events and incidents and staff understood their responsibilities to raise concerns and report incidents and near misses.
- Lessons learnt from incidents were shared with a view to improving safety in the practice.
- When things went wrong, patients received reasonable support, truthful information and an apology.
- There were also defined systems and processes in place to keep patients safeguarded from abuse.

There were some areas of concern identified during the inspection which are set out below. Evidence was subsequently provided to show that action had been taken either on the day or within ten working days of the inspection to address these issues.

- Oxygen and masks were not available on the day of the inspection.
- Patient group directions (PGDs) which allow qualified nurses to administer medicines within the law were out of date and unsigned at the time of our visit. The practice responded to our feedback and addressed this within five working days of our visit.
- At the time of our visit the practice did not have a system of producing patient specific directions (PSDs) and none were in place. PSDs allow health care assistants (HCAs) to administer vaccines to named patients, after they have received specific training; and when a doctor or nurse are on the premises. Following our feedback the practice provided evidence they had implemented a system.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to disseminate NICE (National Institute for Health and Care Excellence) guidance and NHSE safety alerts.
- Data from the Quality and Outcomes Framework (QOF) showed that in general patient outcomes were at or above the national average.

Good



Summary of findings

- Clinical audits were undertaken and demonstrated quality improvement. However, the practice should consider developing an audit plan, relevant to the needs of the practice and develop systems to evaluate and monitor improvements made.
- The practice should monitor the process of seeking consent through audits of patient records.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all staff.
- The practice liaised with multidisciplinary teams on an informal basis. Patient records were not routinely updated following such liaison.
- A more comprehensive locum pack should be available covering topics such as policies and procedures, clinical pathways, key telephone numbers, location of equipment, practice staff, and prescribing.

Are services caring?

The practice is rated as good for providing caring services.

- We observed a patient-centred culture, and data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said that they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw staff treat patients with kindness and respect, and they maintained information confidentiality.
- Information for patients about the services available was easy to understand and accessible on the practice website and in the waiting room.
- Staff were motivated to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- We found positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- There was an informal system in place for supporting patients who had been bereaved.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The Practice reviewed the needs of its local population and engaged in a limited way with the NHS England Area Team and

Good



Summary of findings

Clinical Commissioning Group to secure improvements to services where these were identified. For example following patient feedback the practice began offering extended opening hours.

- Patients said they found it easy to make an appointment with a named GP 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.
- Information about how to complain was readily available and easy to understand and evidence showed the practice responded in a timely manner to issues raised. Learning from complaints was shared with staff in an informal manner.

The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients.

Are services well-led?

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

- The practice had a vision to deliver high quality care and promote good outcomes for patients. Some staff were aware of the vision.
- There was visible leadership and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an informal and basic governance framework which supported the delivery of 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 and that appropriate action was taken
- The practice proactively sought feedback from patients, which it acted on.
- The patient participation group was in the early stages of development. There was a lead member of staff identified within the practice and 16 patients had expressed an interest in being involved. Support was being provided by the CCG.
- There was support available for continuous learning and improvement at all levels although capacity had been limited in the previous 12 to 18 months.

Good



Summary of findings

Regular minuted meetings did not take place as the numbers of staff were small, and many were part time. However staff told us that informal meetings took place.

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.

- Because of the small list size most patients and particularly older patients are known by the GPs and staff.
- 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.
- Each patient had a named GP.
- Care plans were in place for those most at risk.
- Dementia screening was actively carried out.
- The practice offered shingles and pneumococcal vaccinations
- Pre-bookable and on the day appointments were available.
- All staff were trained to recognise signs of abuse in patients and how to report concerns.

Good



People with long term conditions

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

There was a focus on patients with long term conditions via the Quality and Outcomes Framework (QoF) especially Diabetes, COPD and Asthma. There was a significant variation from the norm in the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months (2014/2015). The practice achieved 71% compared with the CCG and national average of 88%. On discussion it was explained that this was due to patients failing to attend for appointments or refusing foot examination.

The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months that included an assessment of asthma control (2014/15) was 73% compared to the CCG and national average of 75%.

The practice offered the following services to this group of patients:

- The practice offered a range of tests on the premises.
- Regular medication reviews were carried out.
- Influenza, shingles and pneumonia injections were offered.
- Pre-bookable and on the day appointments were available daily.
- Care plans were produced for the patients at highest risk.

Good



Summary of findings

- Longer appointments and home visits were available when needed.
- Weight management and smoking cessation was provided in house.

All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.

Families, children and young people

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

- Safeguarding children training had been undertaken by all staff members and they were aware of how to report any concerns.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25 to 64 whose notes recorded that a cervical screening test had been performed in the preceding five years (2014/15) was 96% which compared favourably with the CCG average of 79% and the national average of 82%. There was a process in place for contacting and monitoring these patients.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Contraception services were provided as were antenatal, postnatal and baby checks.
- The practice immunisation rates for children aged up to 12 months were 97% which is the same as the PCG average, for children aged 24 months the rate was 100%.

Good



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 identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice population showed a higher than average percentage of patients in this age group.

Good



Summary of findings

- The practice was proactive in offering online services including appointment booking and prescription requests, as well as a full range of health promotion and screening that reflected the needs for this age group, including weight management and smoking cessation.
- The practice had introduced evening and telephone appointments and offered work related immunisations and vaccination.

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 registered patients who live in vulnerable circumstances, including travellers and those with a learning disability
- The practice offered longer appointments for patients with a learning disability and regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse and neglect 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.
- Where patients were known to have substance misuse issues the practice had a system of ringing them ahead of their appointment, to remind them of the time and date.

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).

- 100% of patients with bipolar affective disorder and other psychoses had a comprehensive agreed care plan document in the record in the preceeding 12 months, and again there were no patient exceptions. The CCG and national average was 88%.
- 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.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia, and the practice provided medicines for up to four weeks in advance. Patients were provided with equipment which identified clearly which tablet should be taken at which time of day to help ensure that patients with dementia or other memory difficulties took the appropriate medicine at the right time.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Survey forms were sent to 264 patients and 114 were returned. This represented a response rate of 43% of the surveyed population and nearly 4% of the practice population as a whole.

- 83% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG and national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 30 comment cards which were all positive about the standard of care received, although four also contained slightly negative comments about being able to get through to the practice on the phone.

We spoke with three patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also said that it was not easy to make an appointment or get through to the surgery on the phone, however when they did attend for their appointments they were given time to talk and felt respected and listened to.

Areas for improvement

Action the service **MUST** take to improve

- Provide, monitor and maintain oxygen supplies within the practice to enable staff to respond urgently in the event of a patient becoming seriously ill.
- Ensure that patient group directions (PGDs) are signed and updated appropriately. PGDs allow nurses to administer medicines in line with legislation.

Develop systems for producing patient specific directions (PSDs) to enable health care assistants (HCAs) to administer vaccinations to a named patient when a doctor or nurse was on the premises.

Action the service **SHOULD** take to improve

- The practice should revise and update its locum pack to make it more comprehensive and informative. Evidence was provided within five working days of the inspection that this had been done.
- Review the communication arrangements within the practice to enable staff to share lessons learned from significant events and complaints.
- Develop systems to update patient care plans following multidisciplinary meetings

Outstanding practice

- Patients had been offered smoking cessation advice and it was noted that over 95% of patients who smoked and were over 16 years of age had been offered advice on how to stop smoking. Over 70% of patients with a BMI of 30+ had been offered weight management support.

Dr CA Hicks & Dr JJ McPeake

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr CA Hicks & Dr JJ McPeake

The practice is based in South Queen Street Medical Centre, Leeds LS27 9EW. The practice catchment area is classed as being in one of the less deprived areas in England and the local population is served by a number of local general practices. The premises are owned by the GPs and were purpose built in 1992. There is a small car park attached to the surgery and parking is allowed on the roads outside the premises. Transport links are good, and there is disabled access and toilet facilities. All clinicians are based on the ground floor where there are six consulting rooms, a large waiting area and reception.

- A range of staff work in the practice including three GPs (two male, who are partners and one female who is a salaried GP) equating to 2.1 wte GPs and a further GP has been recruited. A practice nurse (female) 0.51 wte, one healthcare assistant (female) 0.67 wte, eight administrative/reception staff 3.78 wte and two practice managers (1.2 wte)
- The practice is open between 8.00am and 6.30pm Monday, Wednesday, Thursday and Friday, and between 8.00am to 8.30 pm on Tuesdays.
- Appointments are from 9.00am to 11.30am Monday, Wednesday and Friday and from 8.30 to 11.00am on a

Tuesday and 9.00am to 11.00am on a Thursday morning and 2.00pm to 3.00pm on a Monday and Thursday afternoons, and from 4.00pm to 6.00pm on Monday, Thursday and Friday afternoons, and from 4.00pm to 8.30pm on a Tuesday afternoon and 3.30pm to 6.00pm on a Wednesday.

- When the practice is closed there are four walk-in centres in the vicinity and the out of hours service is provided by Local Care Direct.
- The practice has a patient list of 3,298 with above national average numbers of patients within the 45 to 59 age groups.

The practice was previously inspected by the Care Quality Commission in December 2013. At that time it was found to be non-compliant in the CQC responsive domain. A follow up inspection was undertaken in September 2014 and the practice was found to be compliant.

The practice had gone through a difficult and challenging period over the previous 12 to 18 months when the focus had been on the delivery of patient care. There was evidence that due to recent recruitment of staff such as a GP partner, additional practice management capacity, practice nurse and HCA that there was now capacity in the team to allow a focus on and development of leadership in the practice, and the practice as a whole.

We were informed that the practice had recently achieved teaching practice status for supporting recently qualified doctors wishing to gain experience in general practice.

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 May 2016. During our visit we:

- Spoke with a range of staff including a GP, practice managers, practice nurse, HCA and practice secretary and spoke with patients who used the service.
- Observed how staff interacted with patients in the reception and waiting areas and talked with patients, carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff 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 an analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts. We were provided with evidence that lessons were shared and action was taken to improve safety in the practice. For example, when an agency nurse used the wrong code on patients records when administering flu injections a notice was put up in all treatment rooms advising on the correct clinical code to be used. We saw evidence that a dispensing error had occurred and the practice discussed this with the pharmacy concerned and agreed new procedures.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always 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. Other practice staff had been trained to level one.

- A notice in the waiting room and in the clinical rooms advised patients that chaperones were available if required. Only clinical staff acted as chaperones, and the HCA had received training for this role and 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) 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.
- 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 medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation, however they were out of date and unsigned by the current Practice Nurse. Health Care Assistants were trained to administer vaccines and medicines against a Patient Specific Direction (PSD) from a prescriber, however at the time of our visit the practice did not have a system of implementing PSDs in all cases. However, the practice responded immediately and addressed this.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken

Are services safe?

prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- There were no visible signs asking patients to inform the clinicians of any allergies, particularly in relation to latex gloves. Evidence was provided within five working days to show that this matter had been addressed.

Monitoring risks to patients

Risks to patients were identified and 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 particular 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.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises, however at the time of our visit, oxygen, adult and children's masks were not available on the premises. Following our feedback the practice ordered this equipment before we left the premises. 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. We saw that an anaphylaxis pack was not kept in the treatment room. (Anaphylaxis is a severe allergic reaction which can be life threatening). Following our feedback the practice assured us this would be addressed. All the medicines we checked were in date and stored securely.

The practice had a business continuity plan in place for major incidents such as power failure or building damage, however a copy was not kept away from the premises. This was put in place immediately after the inspection. 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 clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) performance against national screening programmes, and benchmarking against information provided by the CCG to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results for 2014/15 showed the practice achieved 93% of the total number of points available compared to a CCG and national average of 95%. Exception reporting is below or the same as the CCG and national averages in 11 out of 16 disease groups, although the practice average across all 16 groups is 15% compared to the CCG and national averages 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).

This practice was an outlier for one of the QOF clinical targets regarding the percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification within the preceding 12 months. The practice percentage was 71% compared to a CCG and national average of 88%. The practice explained that this was due to the lack of specialist diabetic nursing input. The practice had plans to identify a GP lead for diabetes and also to provide additional training to the Practice Nurse. Data from 2014/15 showed:

- Performance for diabetes related indicators at an average of 47% was similar to the CCG average of 47% and the national average of 48%

- Performance for mental health related indicators at an average of 49% was similar to the CCG average of 48% and national average of 49%.

There was evidence of quality improvement including clinical audit. There had been three clinical audits completed in the last two years covering the prescribing of specific drugs, steroid injections and antibiotic prescribing, none of these were completed audits for example with two cycles of audit being undertaken, however improvements were implemented and second audits are planned. Findings were used by the practice to improve services. For example, recent action taken as a result included improved prescribing of Simvastatin. Simvastatin is one of a range of medicines used to reduce levels of cholesterol in the blood. Another audit confirmed that 94% of practice antibiotic prescriptions were appropriate and in line with NICE guidance.

Information about patients' outcomes was used to make improvements such as the introduction of joint management care plans and the introduction of a text messaging service to provide patients with test results.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics such as fire safety, health and safety and confidentiality.
- 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, informal 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance and had access to and made use of e-learning training modules and in-house training. The

Are services effective?

(for example, treatment is effective)

practice informed us that a locum pack was available, but was unable to produce the detail on the day of the inspection. However evidence was provided within five working days that this was now available and had been updated.

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.

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, when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a quarterly basis.

Consent to care and treatment

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

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Although we saw evidence that appropriate consent for procedures was obtained, the process for seeking consent was not monitored through patient records audits. This should be considered in future.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support, and signposted them to the relevant services. Examples of patients in this group were patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 79%, which was above the CCG average of 75% but below the national average of 82%. 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 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 CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 79% to 100%.

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients had been offered smoking cessation advice and it was noted that over 95% of patients who smoked and were over 16 years of age had been offered advice on how to stop smoking. Over 70% of patients with a BMI of 30+ had been offered weight management support.

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 30 patient Care Quality Commission comment cards we received were positive about the service experienced, although four also had slightly negative comments about the ability to contact the surgery by phone. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Examples provided to us during the inspection of staff caring for patients included an occasion when a member of staff looked after a patient's pet, which action supported the patient's admission to hospital, and members of staff delivering urgent prescriptions to patients.

It was not possible to speak with any members of the patient participation group (PPG) as it was in the process of being set up, however we did speak with the lead member of staff working on developing the PPG. Comment cards highlighted that staff responded compassionately when patients 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 average or slightly above for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.

- 91% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%).
- 98% 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%)
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%).
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%).
- 86% 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, and 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 local and national averages. For example:

- 84% 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%.
- 5% of patients said the last GP they saw was poor at explaining tests and treatment compared to the CCG average of 3% and the national average of 3%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%)

Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices which told patients how to access a number of support groups and organisations were available in the patient waiting area. 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. Written information was available and displayed in the waiting room in the 'Carers Corner' to the various avenues of support available to them and the Practice actively promotes the Leeds Carers Scheme, and offered immunisations to carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them and gave them advice on how to find a support service. There was information on bereavement services displayed in the waiting area.

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.

- The practice offered a late night surgery on a Tuesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or those patients who needed this.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had plans to develop a service for the travelling community in the near future.

Access to the service

The practice was open between:

- 8am to 6.30pm Monday, Wednesday, Thursday and Friday
- 8am to 8.30pm on Tuesday.

Appointments were from:

- 9 am to 11.30am Monday, Wednesday and Friday
- 8.30 am to 11am on a Tuesday
- 9 am to 11am on a Thursday morning
- 2pm to 3pm on Monday and Thursday afternoons
- 4pm to 6pm on Monday, Thursday and Friday afternoons
- 4pm to 8.30pm on a Tuesday afternoon
- 3.30pm to 6pm on a Wednesday.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, same day appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to or better than local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 82% and national average of 78%.
- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and national average of 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

In response to feedback from patients the practice introduced a text messaging service informing patients of their test results and what action to take and also a system for ensuring patients had a joint management care plan.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system displayed in the waiting area and also in the practice leaflet.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, and dealt with in a timely way.

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 vision, which had been shared with the staff, to deliver the highest level of primary care service to the local population and endeavour to meet patient choices and health needs, and was in the process of developing a business plan which would support the delivery of the vision.

Governance arrangements

- The practice had some governance arrangements in place to support the delivery of good quality care. The partners were aware of this and were in the process of putting more effective systems in place. However there was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained.
- There were no planned programmes of continuous clinical and internal audit in place. Although three unplanned audits had taken place over the previous twelve months and changes made in the light of the outcomes.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had 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 were approachable. The practice had experienced a number of difficulties in the past 12-18 months including a partner on long term sick leave and the loss of other key staff, which had meant that time and resources for developing the practice had been limited. However, recently there had been recruitment of key staff including a replacement partner and two additional GPs, a practice nurse and an HCA in recent months and changes were beginning to be made. The

practice also informed us of plans they were developing to appoint an Advanced Clinical Pharmacist to assist the GPs with medicine management and prescribing tasks from June/July 2016.

The provider was aware of and had systems in place to ensure compliance 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). The partners encouraged a culture of openness and honesty and 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

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

- Staff told us the practice held ad hoc team meetings, although there was regular informal communication between the staff groups.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, the public and staff.

The practice had gathered feedback from patients through surveys and complaints received. The patient participation group (PPG) had been set up a few months previously, and 16 patients had expressed an interest in being involved. At the time of our visit the practice were communicating with those patients interested in joining the PPG by email. A newsletter had also been produced to publicise the work of the PPG. With the support of the CCG the practice were in the process of setting up an initial PPG meeting.

Continuous improvement

Because of the leadership problems in the practice over the last 18 months there had been little focus on continuous

Are services well-led?

Good 

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

learning and improvement within the practice. However, with the recent appointment of a new partner, new staff and the practice becoming a teaching practice the foundations were being put in place to move forward.

During the inspection visit and immediately afterwards the practice exhibited a willingness to implement any changes identified by the inspection team.