

# Leigh View Medical Practice

## Quality Report

Leigh View Medical Practice  
Bradford Road  
Tingley  
Wakefield  
Leeds  
WF3 1RQ  
Tel: 0113 253 7628/0113 253 7629  
Website: [www.leighviewmedical.co.uk](http://www.leighviewmedical.co.uk)

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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 Leigh View Medical Practice on 12 October 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 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.)
- There was an open and transparent approach to safety. All staff were encouraged and supported to record any incidents using an electronic reporting system. There was evidence of good investigation, learning and sharing mechanisms in place.
- 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 all-inclusive team approach to providing services and care for patients.

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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. As well as attending the practice for an appointment, patients could also had access to telephone consultations when required.
- Patients said they found it 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.

# Summary of findings

- Information regarding the services provided by the practice and how to make a complaint was readily available for patients.
- The practice sought patient views about 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 sought patient views about how improvements could be made to the service, through the use of text messages. After an appointment with the GP or Nurse the patient was sent a short text message asking to rate the service they had just received. This provided effective feedback on the clinicians, this feedback was anonymised and shared with the clinician.
- An informal incident reporting process had been introduced to encourage staff to report every occasion of spotting anything going wrong. These forms called “Oops Something has gone a bit wrong” were ways of flagging up patterns. To counter balance the potential negatives of identifying problems, the practice had also introduced a similar form called “What about if” to encourage staff to share their ideas for improvements to the practice. These forms effectively encouraged ‘Incident Reporting’ and involvement of the whole practice team in improving the service.

**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 GP 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.
- An informal incident reporting process had been introduced to encourage staff to report every occasion of spotting anything going wrong. These forms called “Oops Something has gone a bit wrong” were ways of flagging up patterns. To counter balance the potential negatives of identifying problems, the practice had also introduced a similar form called “What about if?” to encourage staff to share their ideas/thoughts for improvements to the practice. These forms effectively encouraged ‘Incident Reporting’ and involvement of the whole practice team in improving the service.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice had completed a significant number of two cycle audits which demonstrated good outcomes for patients. Clinical audits could demonstrate quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the need of patients and delivered care in line with local and national pathways and NICE guidance.
- We saw evidence of annual appraisals and up to date training for staff.
- End of life care was delivered in a compassionate and coordinated way.

# Summary of findings

- 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 either comparable to, or higher than, the local and national averages.
- 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.

Care planning for those patients who required it was comprehensive.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice comparable to other practices for the majority of questions regarding the provision of care. 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.
- Patients told us that the practice was friendly and caring. It was apparent when talking with both clinical and administrative staff during the inspection that there was a genuine warm and supportive ethos within the practice. 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.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.
- National GP patient survey responses and comments made by patients indicated appointments were available when needed.
- The practice offered pre-bookable, same day appointments. They also provided extended hours appointments in the week, telephone consultations and text message reminders.

Good



# Summary of findings

- All patients requiring urgent care were seen on the same day as requested.
- 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 very 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 when required.
- There was an accessible complaints system. 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 practice proactively sought feedback from patients through engagement with patients and their local community.

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.
- Medication reviews were completed annually.
- Registers of patients who were aged 75 and above and also the frail elderly were in place to ensure timely care and support was provided.
- 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.
- The practice held flu clinics to ensure eligible patients received their vaccination. During our inspection we saw this was a well-managed and effective system providing vaccinations to over 150 patients. After the inspection we were sent a report (14 October 2016) which showed that 59 positive patient responses were recorded. Comments included 'brilliant', 'excellent' and '1st class service'.
- The practice offered housebound patients home visits by the Health Care Assistants and Nursing Team for chronic disease reviews.
- The patient club, which is a branch of patient involvement group that the practice had set up, arranged activities for patients at the practice. Chair aerobics, coffee mornings, arts and crafts afternoons and meals were arranged and these events were made openly available for all patients to attend, if they so wished.
- The Practice offered shingles and pneumonia vaccinations as well as influenza for patients aged 65 and over. Patients up to the age of 74 were able to receive an NHS Health Check at the practice.

### People with long term conditions

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

Good



- The GPs and practice nurse both 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. The practice had an effective system to follow up those patients who did not attend the practice for their review.

- The practice maintained a register of patients who were at high risk of an unplanned hospital admission. Care plans and support were in place for these patients.
- Clinicians liaised with the community matron regarding care, treatment and support of these patients, particularly those which were housebound.
- There were effective systems in place to support the recall of these patients for influenza and pneumococcal vaccinations.
- Pre-diabetes checks were undertaken with those patients who were deemed most at risk of developing diabetes.
- 93% of patients with diabetes, on the register, who have had influenza immunisation in the preceding 12 months (CCG and national averages 94%).
- 76% of patients diagnosed with asthma had received an asthma review in the last 12 months (CCG and national averages of 75%).
- 96% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received a review in the last 12 months (CCG average 89%, national average 90%).
- The practice had developed a call/recall system for long term conditions. This aimed to ensure that patients could get all the checks they needed in a single appointment with a health care assistant prior to their review by being invited to attend during the month of their birthday.
- The practice had also supported the patient education and support group in setting up a peer led diabetes support group in partnership with Diabetes UK. The patient education and support group is an element of the patient involvement group.

## 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, health visitors and school nurses to support the needs of this population group. For example, the practice hosted 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.

**Good**





# Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day access was available for all children under the age of five.
- At between 95% and 100%, immunisation uptake rates were in line with CCG and national rates for all standard childhood immunisations. There was a dedicated member of staff who followed up those children and their families who did not attend or who were overdue for immunisations.
- Sexual health, contraceptive and cervical screening services were provided at the practice, which included coil fitting, implants and chlamydia screening.
- The practice promoted cervical screening and 80% of eligible patients had received a test (CCG average 79%, national average 82%).
- Routine access for appointments is usually within five days, often 48 hours, and all staff were aware that young children's conditions may change rapidly. The practice have on-the-day access for patients under five years, and staff are enabled to add or hasten appointments, and bring to a clinician's attention any patient in distress.

## 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, telephone consultations, online booking of appointments and ordering of prescriptions.
- The practice offered a range of health promotion and screening that reflected the needs for this age group.
- Travel health advice and NHS travel vaccinations were available.
- The practice operated from 8am to 8pm every week day, with the exception of Thursdays when the practice opened from 7:30am to 7:30pm.
- The practice used their website and social media as platforms to share information with their patients.
- The practice is signed up to the CCG enhanced access scheme which provides access to appointments with a range of health care professionals 12 hours a day every weekday. This is designed to increase access to routine care (including management of long term conditions) for people of working

Good



# Summary of findings

age. At the time of our inspection the practice were involved in plans to open a 'hub' in Morley to provide routine general practice across the weekend for patients in the 'Morley and District' locality. This service would be provided by Leeds West Primary Care Ltd (a network of GP practices across the CCG).

- The practice is proactive in inviting eligible people for NHS Health Checks.

## 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.
- We saw there was information available on how patients could access various local support groups and voluntary organisations.
- An alert was placed on the electronic record of patients who had a learning disability, to raise awareness with staff of any potential vulnerability.
- There was a designated member of staff who managed a register of patients who had a learning disability and ensured they were offered an appointment for an annual health review.

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).

- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team.
- Patients and/or their carer were given information on how to access various support groups and voluntary organisations.
- 95% of patients diagnosed with dementia and 92% of patients who had a complex mental health problem, such as schizophrenia, bipolar affective disorder and other psychoses, had received a review of their care in the preceding 12 months. These were both slightly above CCG and national averages.
- The practice followed up patients who did not attend their appointments.

Good



# Summary of findings

- 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.

# Summary of findings

## What people who use the service say

The national GP patient survey distributed 275 survey forms of which 132 were returned. This was a response rate of 48% which represented less than 1% of the practice patient list. The results published in July 2016 showed the practice was performing in line with local CCG and national averages, for the majority of questions. For example:

- 89% of respondents described their overall experience of the practice as fairly or very good (CCG 89%, national 85%)
- 87% 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%)
- 69% of respondents described their experience of making an appointment as good (CCG 76%, national 73%)
- 83% of respondents said they found the receptionists at the practice helpful (CCG 89%, national 87%)
- 96% of respondents said they had confidence and trust in the last GP they saw or spoke to (CCG 97% and national 95%)

- 99% of respondents said they had confidence and trust in the last nurse they saw or spoke to (CCG 98%, national 97%)

The latest Friends and Family Test (September 2016) showed that 91% of the 95 responders would be extremely likely or likely to recommend the practice to others.

As part of the inspection process we asked for Care Quality Commission (CQC) comment cards to be completed by patients. We received 19 comment cards, the majority of which were positive. They stated they felt listened to and cited staff as being caring and helpful. They felt they received excellent and professional care from the GPs and practice nurse.

We also spoke with nine patients on the day; some were also members of the patient participation group. They were all very positive about the staff and the practice. They gave us several examples to demonstrate how they had received good care and the professionalism of all the staff. When they had been referred to another service, they felt this had been managed in an appropriate and timely way. They said they felt very supported by the practice.

# Leigh View Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team comprised of a CQC Lead Inspector a GP specialist advisor and a second CQC inspector.

## Background to Leigh View Medical Practice

Leigh View Medical Practice is located on Bradford Road, Tingley, Wakefield, WF3 1RQ and is a member of the NHS Leeds West Clinical Commissioning Group (CCG). Personal Medical Services (PMS) are provided under a contract with NHS England. 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 with a learning disability and the offer of annual health checks
- identification of patients at a high risk of an unplanned admission and providing additional support as needed.

Leigh View Medical Practice is a purpose built premises in the suburban area of Tingley which is between Leeds and Wakefield. The premises is relatively modern, consisting of a main building with two extensions and 55 parking spaces. In addition to this space, the pharmacy next door is leased to a separate business, which offers patients convenient local access to dispensing services.

The patient list size is currently 16,529 and made up of predominantly white British patients, with a very small

number of patients from mixed ethnic backgrounds. There is a slightly higher than CCG and national average number of patients aged 5 years or older. For example, 22% of the population are aged 18 or younger, compared to 19% for the CCG and 21% nationally. At 59%, there is a lower than CCG (66%) and national (61%) average number of patients who are in paid employment or full time education. However, at 2%, the unemployment status of patients is lower than CCG and national figures of 5%. In addition there are 67% of patients who have a long-standing health condition, compared to 51% CCG and 54% nationally.

There are seven GP partners (five male, two female), two male salaried GPs. There is also a regular male locum GP and four female practice nurses. The clinicians are supported by a practice manager, patient services manager, facilities co coordinator, administration co coordinator and a team of 29 others who oversee the day to day running of the practice.

The practice is open Monday to Friday 8am to 8pm, with the exception of Thursday when the practice is open from 7:30am to 7:30pm. Appointments can be pre-booked, made on the same day or a telephone consultation can be arranged. 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.

## 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

# Detailed findings

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 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (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 12 October 2016. During our visit we:

- Spoke with a range of staff, which included a GP partners, two practice nurses, the practice manager and administration staff.
- Reviewed CQC comment cards and spoke with patients regarding the care they received and their opinion of the practice.
- Reviewed 19 questionnaires given to reception/administration 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 the monthly practice meeting 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.
- An informal incident reporting process had been introduced to encourage staff to report every occasion of spotting anything going wrong. These forms called “Oops Something has gone a bit wrong” were ways of flagging up patterns. To counter balance the potential negatives of identifying problems, the practice had also introduced a similar form called “What about if?” to encourage staff to share their improvements to the practice. These forms effectively encouraged ‘Incident Reporting’.

### 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 could

demonstrate their understanding of safeguarding. The GP acted in the capacity of safeguarding lead for adults and children and had been trained to the appropriate level three. Although it was not possible for the GPs to attend external multi-agency safeguarding meetings, reports were always provided where necessary. Quarterly multidisciplinary meetings were held. Any child safeguarding issues or concerns were communicated to them either at the meeting or 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 had been 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 monthly IPC audits 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. A recent antibiotic prescribing audit to reduce resistance patterns and avoidable HCAI (Management of

## Are services safe?

healthcare associated infections) was conducted and was repeated three monthly and discussed at clinical meetings. 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.)

- We reviewed three personnel files and two of the most recently recruited staff. We found appropriate recruitment checks had been undertaken prior to employment, in line with the practice recruitment policy, for example proof of identification, 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 fire and basic life support training.
- 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. This contained relevant medicines, such as steroid and salbutamol inhalers and nebulising equipment. 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.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The practice covered both implementation of national and local guidelines and were also making changes in response to practice significant events with a resultant improvement in patient care.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example a recent antibiotic prescribing audit to reduce resistance patterns and avoidable HCAI (Management of healthcare associated infections) was conducted and was repeated three monthly and discussed at clinical meetings.

The practice had completed two cycle audits which demonstrated good outcomes for patients.

All staff were actively engaged in activities to monitor and improve quality and outcomes. Examples of two cycle audits included:

- Review of referrals for endoscopy in July 2016. The audit revealed that inaccurate descriptions on forms regarding indication for the test. The reaudit concluded that improvements in recording had been made.
- Antibiotic prescribing audit showed an improvement in appropriate use of antibiotics.
- Audit of overdue medication reviews in January 2016. Improvement was made from 927 to 210 patients needing the reviews in the next six months.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results (2014/15) showed the practice had achieved 99% of the total number of points available, with 4% exception reporting. This exception reporting was lower than the CCG and national averages of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data showed:

- Performance for diabetes related indicators were comparable to CCG and national averages. For example, 92% of patients on the diabetes register had a recorded foot examination completed in the preceding 12 months; CCG and England averages of 88%.
- Performance for mental health related indicators were comparable to CCG and national averages. For example, 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months; CCG average 89%, England average 90%.

The practice used clinical audit, peer review, local and national benchmarking to improve quality. There had been a significant number of audits completed in the preceding two years. We reviewed two which were completed audits and could demonstrate where improvements had been identified, implemented and monitored.

### 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. All staff had received an appraisal within the preceding 12 months.
- 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 a very comprehensive induction programme for newly appointed staff. Staff (both new starters and mentors) told us that they found it really useful.
- Staff who administered vaccines and the taking of samples for the cervical screening programme had

# Are services effective?

## (for example, treatment is effective)

received specific training, which included an assessment of competence. We were informed staff kept up to date with 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 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 community matron and mental health services, to understand and meet the complexity of patients' needs and to assess and plan on-going 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 quarterly 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. Details in the care plan included regular detailed reviews of the patient, early detection of deterioration and changes in symptoms, collaboration and liaison between care providers, continuity of care with clinicians and nurses and promotion of an effective working relationship with patient and family. This was very well received by patients.

### 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 to support this) 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 higher than CCG and national averages, for example:

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

Breast screening of females aged 50 to 70 in the last 36 months was 75% (CCG 69%, national 72%). Bowel screening of patients aged 60 to 69 years in the last 30 months was 61% (CCG 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 95% to 100%; which were above the CCG averages of 84% to 100%.

# Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks. These included NHS health checks for people aged 40 to 75. 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.
- The practice used their website and social media as platforms to share information with their patients.

# 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.
- Both male and female 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 respondents rated the practice comparable to CCG and national averages for many questions regarding how they were treated. For example:

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

The majority of the 19 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.

The nine 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. The chair of the PPG was a very active member of the group and showed enthusiasm and support during the flu clinic that we observed. After the inspection we were sent a report (14 October 2016) which showed that 59 positive patient responses were recorded. Comments included 'brilliant', 'excellent' and '1st class service'.

### Care planning and involvement in decisions about care and treatment

Details in the care plans included regular detailed reviews of the patient, early detection of any deterioration and changes in symptoms, collaboration and liaison between care providers, continuity of care with clinicians and nurses and evidence of the development of close relationships with patients and family/carers. Patient feedback in relation to the support they received was high.

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

- The NHS E-Referral Service was used with all patients as appropriate. We were informed by the GPs that the GP completed referrals and choose and book requests. Patients were very positive regarding this process and felt reassured that referrals were made in a timely manner.
- 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 respondents rated the practice in line with other local and national practices, for some of the questions. For example:

- 82% 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%)
- 90% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG 91%, national 90%)

## Are services caring?

Patients' comments we received on the day of inspection were very positive in response to the above questions.

### **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. At the time of our inspection the practice had identified 507 carers, which equated to approximately 3% of the practice population. 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 (e.g., advisory afternoon for the elderly, pension benefit advisory services and healthy eating). Carers were encouraged to participate in the Carers Leeds

yellow card scheme. This card informs health professionals that the 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

The practice worked jointly with palliative care and district nursing teams to ensure patients who required palliative care, and their families, were supported as needed. At the time of our inspection there were 29 patients on the palliative care register.

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 the week.
- 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 ordering repeat prescriptions.
- Travel vaccinations which were available on the NHS.
- Disabled facilities, such as wide corridors and toilets suitable for disabled patients.
- Interpretation and translation services.
- Providing additional GP appointments or telephone and face to face when required.

We were informed that due to the size of the practice, the staff were aware of which patients may require specific assistance or be encountering physical, mental or social difficulty. They could then offer support or signpost patients to other services in a timely manner. Patients' comments supported this information.

### Access to the service

The practice was open Monday to Friday 8am to 8pm, with the exception of Thursday when the practice was open from 7:30am to 7:30pm. There was a responsive appointment system where appointments could be pre-booked, made for the same day or a telephone consultation could be arranged. We saw the next available

appointment was for the day of our inspection. When the practice was closed out-of-hours services were provided by Local Care Direct, which could be accessed via the surgery telephone number or by calling the NHS 111 service.

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

- 77% of respondents were fairly or very satisfied with the practice opening hours (CCG 83%, national 78%)
- 87% of respondents said they could get through easily to the surgery by phone (CCG 77%, national 73%)
- 84% of respondents said the last appointment they got was convenient (CCG 94%, national 92%)

The practice prided themselves on their accessibility for patients. We were informed they tried to accommodate patients' requests to be seen as soon as possible. Patients we spoke with on the day of inspection also confirmed this.

### Listening and learning from concerns and complaints

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

- 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.

We reviewed 15 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.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

- The practice had a clear vision to deliver high quality care. There was a statement of purpose submitted to the Care Quality Commission which identified the practice values. For example, 'aim to develop and maintain good quality individual patient care, providing all standard core primary care services and developing a range of enhanced services that are consistent with modern general practice'.

All staff knew and understood the practice vision and values.

There was a strategy and supporting business continuity plans in place which reflected the vision and values of the practice.

### 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. Monthly practice meetings were held where practice performance, significant events and complaints were discussed.
- Clinical audit was used to monitor quality and drive improvements. Audits were undertaken in line with identified need.
- Arrangements in place 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, for example the recruitment and development of staff.

### Leadership and culture

There was clear leadership and staff told us the GPs and practice manager were very visible in the practice, approachable and could be easily accessed when needed. The GP and practice manager also spoke in very complimentary terms regarding all of their staff.

On the day of inspection the partners in the practice could demonstrate they had the experience, capacity and capability to run the practice and ensure high quality care. All staff told us they prioritised safe, high quality and compassionate care. We saw evidence of:

- Practice and clinical meetings being held (monthly or weekly).
- Formal minutes from a range of quarterly multidisciplinary meetings held with other health and social care professionals to discuss patient care and complex cases, such as palliative care.
- An all-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 culture of the practice was one of openness, honesty and supportive of patients and staff who worked there. Patients said they felt it was 'a personalised service from a family practice'. Staff said they felt very supported and proud of the service they provided.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through day to day engagement with them.
- Members of the patient participation group (PPG). The PPG together with the sub groups patient club, patient community and support group, and the patient education group met every month and felt confident in submitting ideas and suggestions for improvements to the practice. Examples of change been implemented included the development of diabetes days, chair aerobic club, fish and chip days out, book stalls, Christmas parties and coffee mornings.
- The PPG held its first annual general meeting (AGM) in February 2016, this was well attended.
- The NHS Friend and Family Test, complaints and compliments received.

# Are services well-led?

Good 

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

- Staff through 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.
- The practice sought patient views how improvements could be made to the service, through the use of text messages. After an appointment with the GP or Nurse the patient was sent a short text message asking to rate the service they had just received. This provided effective feedback on the clinicians, this feedback was anonymised and shared with the practice team.
- 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 and face to face consultations when required.
- An informal incident reporting process had been introduced to encourage staff to report every occasion of spotting anything going wrong. These forms called “Oops Something has gone a bit wrong” were ways of flagging up patterns. To counter balance the potential negatives of identifying problems, the practice had also introduced a similar form called “What about if” to encourage staff to share their improvements to the practice. These forms effectively encouraged ‘Incident Reporting’.

## Continuous improvement

The practice whose main priority was to continue to deliver services to patients. Staff and patients informed us they were happy with the practice and the care they received. In order to achieve this, the practice were looking at maintaining stability.