

The Medical Centre

Quality Report

143 Rookwood Avenue
Leeds
LS9 0NL
Tel: 0113 2493011
Website: www.leedsgps.com

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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?		Requires improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	13
Background to The Medical Centre	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Medical Centre on 12 and 13 July 2016. Overall the practice is rated as good for providing effective, caring, responsive and well-led care. However, it requires improvement for safe.

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

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. Newly employed staff were supported in their learning and development needs.
- The practice had good facilities and was well equipped to treat and meet the needs of patients. Information regarding the services provided by the practice was available for patients.

- Overall, risks to patients were assessed and well managed. There were good governance arrangements and appropriate policies in place. However, not all staff acted in line with the cold chain procedures.
- The practice was aware of and 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.)
- The partners promoted a culture of openness and honesty and there was a 'being open' policy in place, which was reflected in their approach to safety. All staff were encouraged and supported to record any incidents using the electronic reporting system. However, the abnormalities in the vaccine fridge temperatures had not been reported and acted upon.
- There was a complaints policy and clear information available for patients who wished to make a complaint.
- There was evidence of good investigation, learning and sharing mechanisms being in place with regard to reported significant events and complaints.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- The majority of patients were positive about access to the service. They said they found it generally easy to make an appointment, there was continuity of care and urgent appointments were available on the same day as requested.
- The practice sought patient views on how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.
- There was a clear leadership structure in place. Staff were aware of their roles and responsibilities and told us that the GPs and manager were accessible and supportive.

There was an area where the provider must make an improvement:

- The practice must ensure staff understand and follow the policy and procedures for the management of the vaccine fridge temperatures and the cold chain process.

There were also areas where the provider should make improvements:

- Notify the Care Quality Commission of changes to their registration in a timely manner, particularly in relation to changes in GP partners.
- Review and improve the arrangements in place to monitor what actions are undertaken in response to national and regional safety alerts.

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 requires improvement for providing safe services.

Requires improvement



- There were systems in place for reporting and recording significant events. Lessons were shared to ensure action was taken to improve safety in the practice. All staff were encouraged and supported to record any incidents using the electronic reporting system. However, the abnormalities in the vaccine fridge temperatures had not been reported for further investigation.
- There were nominated leads for safeguarding children and adults and embedded processes in place to keep patients and staff safeguarded from abuse.
- There was a nominated lead for infection prevention and control and annual audits were undertaken.
- There were systems in place for safe medicines management, however, not all staff acted in line with the cold chain procedures.
- National and regional safety alerts were emailed to staff, however, there was little evidence to support what, if any, actions had been undertaken in respect of those alerts.
- There were systems in place for checking that equipment was tested and calibrated

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the needs of patients and delivered care in line with current evidence based guidance.
- Clinical meetings were regularly held between the GPs to discuss patient care and complex cases. In addition, discussions regarding patients' care were held between clinicians as needed. Multidisciplinary meetings were held every 12 weeks.
- Staff worked with other health and social care professionals, such as the community matron, district nursing, health visiting and palliative care teams, to meet the range and complexity of people's needs.

Summary of findings

- The practice participated in the hospital avoidance scheme by reviewing patients, undertaking care planning and follow-up after post-hospital discharge.
- End of life care was delivered in a coordinated way.
- Clinical audits were undertaken and could demonstrate quality improvement.
- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to both local and national figures.
- The practice was very proactive and supportive with regard to the learning and development of staff. We heard many examples to support this, particularly from the most recently recruited staff.
- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care.

Are services caring?

The practice is rated as good for providing caring services.

Good



- The practice had a patient-centred culture and we observed that staff treated patients with kindness, dignity, respect and compassion.
- Data from the national GP patient survey showed that patients rated the practice comparable to other local practices.
- Patients we spoke with and comments we received were positive about the care and service the practice provided. They told us they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- There was a carers' register and these patients were offered health reviews, a carers' pack with information about local carer resources and access to support as needed.
- We saw there was information available for patients about other services they could access, such as voluntary organisations and support groups. Patients were also signposted as needed by practice staff.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked with Leeds South and East Clinical Commissioning Group (CCG) and other local practices to review the needs of their population.
- National GP patient survey responses and the majority of comments made by patients said they found it easy to make an appointment.

Summary of findings

- All urgent care patients were seen on the same day as requested.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- A home phlebotomy (blood taking for tests) service was provided for those patients who could not access the practice due to medical reasons.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions, including people with a condition other than cancer and people with dementia.

Are services well-led?

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

Good



- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were governance arrangements which included monitoring and improving quality, identification of risk, policies and procedures to minimise risk and support delivery of quality care. However, at the time of our inspection the irregularities in the fridge temperatures had not been reported or recorded as a significant event. Consequently, action had not been taken and learning had not occurred, which could have prevented further vaccine fridge temperature anomalies.
- The provider was aware of and complied with the requirements of the duty of candour.
- The partners promoted a culture of honesty and integrity and had a comprehensive 'being open' policy in place.
- There were systems in place for being aware of notifiable safety incidents, sharing the information with staff and ensuring appropriate action was taken.
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of patient surveys, the NHS Friends and Family Test and the patient reference group.
- We were informed there was a strong culture of learning within the practice. They were a teaching and training practice and had successfully recruited qualified GPs who had previously trained with them as registrars.

Summary of findings

- Although there had been two new GPs join the partnership, the Care Quality Commission had not been notified of these changes in the practice registration.

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



- The practice provided proactive, responsive and personalised care to meet the needs of the older people in its population. Home visits and urgent appointments were available for those patients in need.
- All elderly patients had a named GP.
- The practice worked closely with other health and social care professionals, such as the district nursing team, community matron and memory services, to ensure housebound and elderly patients received the care and support they needed.
- Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission and patients were reviewed as needed.
- Health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.
- Patients were signposted to other services for access to additional support, particularly for those who were isolated or lonely.

People with long term conditions

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

Good



- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- The practice worked closely with the community matron in the management of housebound patients who had complex long term conditions, to ensure they received the care and support they needed.
- The practice participated in the Year of Care programme. This approach supported patients to understand their condition and have a more active part in determining their own care and support needs in partnership with clinicians. It was currently being used with all patients who had diabetes, chronic obstructive pulmonary disease (COPD) and ischaemic heart disease (IHD).
- There was a system in place to monitor and review patients who were found to have pre-diabetes.
- Holistic reviews were undertaken to avoid the need for patients to have multiple appointments

Summary of findings

- 94% of newly diagnosed diabetic patients had been referred to a structured education programme in the preceding 12 months (CCG average 87%, national average 90%).
- 71% of patients diagnosed with asthma had received an asthma review in the last 12 months (CCG and national averages of 75%).
- 81% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received a review in the last 12 months (CCG average 88%, national average 90%).

Families, children and young people

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

- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. All children who required an urgent appointment were seen on the same day as requested.
- The practice worked with midwives, health visitors and school nurses to support the needs of this population group. For example, the provision of ante-natal, post-natal and child health surveillance clinics.
- There was a dedicated child immunisation co-ordinator to promote uptake of all standard childhood immunisations.
- Cervical screening, sexual health and contraceptive services were provided at the practice.
- There was a dedicated cervical screening co-ordinator who dealt with the recall and follow up of patients. The latest data showed that 98% of eligible patients had received cervical screening, which was considerably higher than the CCG and national averages of 82%.
- Appointments were available with both male and female GPs.
- Reviews were undertaken of children who failed to attend a practice or hospital appointment and those who attended accident and emergency (A&E).

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).

Good



Summary of findings

- 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.
- There was access to text messaging and online services to request repeat prescriptions and make appointments
- The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group. For example, early detection of chronic obstructive pulmonary disease (a disease of the lungs) for patients aged 35 and above who were known to be smokers or ex-smokers.
- Health checks were offered to patients aged between 40 and 74 who had not seen a GP in the last three years.

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.
- There was a register of patients who had a safeguarding concern.
- The practice could evidence the number of children who were on a child protection plan (this is a plan which identifies how health and social care professionals will help to keep a child safe).
- Patients who had a learning disability received an annual review of their health needs and a health action plan was put in place. Carers of these patients were also encouraged to attend, were offered a health review and signposted to other services as needed.
- There was an alert on the record of those patients who were known to be vulnerable or have complex needs to identify the need for a longer appointment.

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

Good



Summary of findings

example the local mental health team. Patients and/or their carer were given information on how to access various support groups and voluntary organisations, such as Mindmate and Carers Leeds.

- 91% of patients who had a complex mental health problem, such as schizophrenia, bipolar affective disorder and other psychoses, had a comprehensive, agreed care plan documented in their record in the preceding 12 months (CCG and national averages of 88%).
- 92% of patients diagnosed with dementia had received a face to face review of their care in the preceding 12 months (CCG average 88%, national average 84%).
- Staff could demonstrate they had a good understanding of how to support patients with mental health needs or dementia.
- Those patients who had dementia and did not attend an appointment were contacted by the practice.

Summary of findings

What people who use the service say

The national GP patient survey distributed 267 survey forms of which 123 were returned. This was a response rate of 46% which represented 1% of the practice patient list. The results published in January 2016 showed the practice was performing in line with local CCG and national averages. For example:

- 83% of respondents described their overall experience of the practice as fairly or very good (CCG 83%, national 85%)
- 71% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG 76%, national 79%)
- 72% of respondents described their experience of making an appointment as good (CCG 71%, national 73%)
- 80% of respondents said they found the receptionists at the practice helpful (CCG 85%, national 87%)
- 95% of respondents said they had confidence and trust in the last GP they saw or spoke to (CCG and national 95%)
- 99% of respondents said they had confidence and trust in the last nurse they saw or spoke to (CCG 96%, national 97%)

(The patient survey was in relation to both locations of The Medical Centre and it could not be distinguished which location the responses may have related to.)

The results of the 2015/16 NHS Friends and Family Test (April 2016) showed that 94% of respondents said they would be extremely likely or likely to recommend the practice to friends and family if they needed care or treatment.

As part of the inspection process we asked for Care Quality Commission (CQC) comment cards to be completed by patients. We received four comment cards, which were positive about the care they received. However, one stated they occasionally found it hard to get an appointment.

On the day of the inspection we spoke with eight patients of mixed age and gender. The majority were positive, although some said they found it difficult to access the practice by telephone at 8am. However, some of the patients had telephoned that morning and had been given a same day appointment.

Areas for improvement

Action the service **MUST** take to improve

- The practice must ensure staff understand and follow the policy and procedures for the management of the vaccine fridge temperatures and the cold chain process.

Action the service **SHOULD** take to improve

- Notify the Care Quality Commission of changes to their registration in a timely manner, particularly in relation to changes in GP partners.
- Review and improve the arrangements in place to monitor what actions are undertaken in response to national and regional safety alerts.

The Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector and comprised of a second CQC inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to The Medical Centre

The Medical Centre is a member of the Leeds South and East Clinical Commissioning Group (CCG). General Medical Services (GMS) are provided under a contract with NHS England. The practice is registered to provide the following regulated activities; maternity and midwifery services, family planning, diagnostic and screening procedures and treatment of disease, disorder or injury. They also offer a range of enhanced services, which include:

- improving online access for patients
- delivering childhood, influenza and pneumococcal vaccinations
- facilitating timely diagnosis and support for people with dementia
- identification of patients who are at a high risk of an avoidable unplanned hospital admission

The practice is located in a two storey semi-detached dwelling, which had been converted from a house to a medical centre. Patient consulting rooms are on two floors and access is by a stairway. Patients who have difficulty in climbing stairs are seen in a downstairs consulting room. There are limited car parking facilities on site but there is nearby street parking.

The Medical Centre also has another practice at 846 York Road, Leeds LS14 6DX, which is approximately two miles away. This location has been registered separately with the CQC. Although both locations were inspected at the same time, separate reports will be published. The two locations share the same patient list, policies and procedures and Quality and Outcomes Framework data. Both clinical and administrative staff rotate between both sites and have access to the practice computer system. The provider has been advised to deregister the Rookwood Avenue site as a separate location with the CQC.

The practice currently has 8,899 patients split evenly over both locations. The Rookwood Avenue site patient population has a higher level of deprivation than those who access the York Road location. The patient population is made up of predominantly British, although a number of patients are from other ethnic origins, such as Asia, Africa and Eastern Europe.

There are six GP partners (three male, three female), four practice nurses and a health care assistant; all of whom are female. The clinicians are supported by a practice manager and an experienced team of administration and reception staff.

The Medical Centre, 143 Rookwood Avenue, Leeds LS9 0NL is open Monday to Friday 8.15am to 6pm with the exception of Thursday when it closes at 12 midday. GP appointments are as follows:

Monday, Tuesday, Wednesday and Friday 8.30am to 10.40am, 1pm to 2pm and 3.30pm to 5.40pm

Thursday 8.30am to 10.40am.

However, the practice state these times can vary due to fluctuation in demand.

Detailed findings

When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

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

The Medical Centre is a teaching and training practice. They are accredited to train qualified doctors to become GPs (registrars) and to support undergraduate medical students with clinical practice and theory teaching sessions.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions and inspection programme. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Leeds South and East 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). 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 and 13 July 2016. During our visit we:

- Visited both locations at 143 Rookwood Avenue, Leeds LS9 0NL and 846 York Road, Leeds LS14 6DX .
- Spoke with a range of staff, which included GP partners, a GP registrar, practice nurses, a health care assistant, the practice manager, the assistant practice manager, reception and administration staff. In addition we also spoke with a local pharmacist and a palliative care nurse who worked alongside the practice.
- Spoke with patients who were positive about the practice and the care they received.
- Reviewed comment cards where patients and members of the public shared their views. The majority of comments received were positive about the care and service they received.
- Observed in the reception area how patients/carers/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. All national data refers to England only.

Are services safe?

Our findings

Safe track record and learning

There were systems in place for reporting, recording and investigating significant events and near misses. Lessons were shared to ensure action was taken to improve safety in the practice.

- The practice was aware of their wider duty to report incidents to external bodies such as Leeds South and East 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.
- There were nominated leads for safeguarding children and adults and embedded processes in place to keep patients and staff safeguarded from abuse.
- There was a nominated lead for infection prevention and control and annual audits were undertaken.
- There were systems in place for safe medicines management, however, not all staff had acted in line with the cold chain procedures.
- There were systems in place for checking that equipment was tested and calibrated.
- There was a nominated lead for dealing with all significant events and near misses. We saw there was evidence of an organised approach to investigation and actions taken to improve safety in the practice and share learning with staff. For example, one evening, in readiness to close and lock up the practice, a member of staff was setting the alarm without having checked all the rooms. A clinician, who was in consultation with two patients, had heard the alarm and had ventured to investigate thereby potentially avoiding being locked in. This incident had been investigated and action taken to prevent a recurrence. Learning was shared with staff.
- All recorded significant events relating to medicines were monitored by the local CCG medicines management team. Any concerns or issues were then fed back to the practice to act upon.

- Although the practice cascaded national and regional safety alerts, they did not have a process in place to monitor what actions had been undertaken in respect of those alerts.
- The partners promoted a culture of openness and honesty and there was a 'being open' policy in place. All staff were encouraged and supported to record any incidents using the electronic reporting system. However, the vaccine fridge temperature anomalies had not been reported.

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. There was a GP safeguarding lead for adults and children, who had been trained to the appropriate level three. There was a 'did not attend' (DNA) policy in place to follow up any children who failed to attend either a practice or hospital appointment. We were told that although attendance at safeguarding case conferences was difficult, the practice always ensured that reports were submitted when requested. Staff had received training relevant to their role and could demonstrate their understanding of safeguarding.
- A notice was displayed in the waiting room, 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.) We saw evidence that it was recorded in the patient's records when a chaperone had been in attendance.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw up to date cleaning schedules

Are services safe?

in place. There was a nominated infection prevention and control (IPC) lead and an IPC protocol in place. All staff were up to date with IPC training. We saw evidence that an IPC audit had taken place and action was taken to address any improvements identified as a result.

- There were arrangements in place for managing medicines, including emergency drugs, to keep patients safe. These included obtaining, prescribing, recording, handling, storage and security. However, staff had not adhered to cold chain guidelines in respect of vaccines. The practice undertook regular monitoring of amber drugs (Amber drugs are prescribed medicines which require the patient to be closely monitored in line with specific guidelines.)
- At the time of our inspection we found that the records of the vaccine fridge temperatures at both locations showed them to have been outside the normal range of 2°C to 8°C, on several occasions from January 2016 to June 2016. The fridges had secondary temperature monitoring devices but as they did not offer constant monitoring it was impossible to identify exactly when and for how long the temperature had been exceeded on each occasion.
- Although records showed daily recordings for the majority of the weekdays, there was no time recorded of when the temperatures had been taken. It was not evident that one member of staff had responsibility for the checking and recording of the fridge temperatures for each location. A member of the nursing team we spoke with thought that only 'actual' temperatures that were out of range had to be acted upon and not the minimum and maximum temperatures. The practice did have a protocol in place which identified what to do should temperatures be out of normal range. This was available to all staff via the computer.
- At the time of our inspection the irregularities had not been reported or recorded as a significant event. Consequently, action had not been taken and learning had not occurred, which could have prevented further vaccine fridge temperature anomalies.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads and blank prescriptions were securely stored and

there were systems in place to monitor their use. We spoke with the local pharmacist, who could give several examples which supported evidence of a good working relationship between themselves and the practice.

- There were patient group directives (PGDs) in place to enable the nurses to administer medicines or vaccines, however there were no patient specific directives (PSDs) in place for the health care assistant to use. We were informed this would be rectified. (PGDs/PSDs 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 two personnel files and found appropriate recruitment checks had been undertaken prior to employment, in line with the practice recruitment policy, for example proof of identification, references 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 fire, the control of substances hazardous to health and legionella (legionella is a bacterium which can contaminate water systems in buildings). There was also a health and safety policy accessible to staff.
- All electrical and clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use.
- 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 absence.

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.

Are services safe?

- There was a defibrillator 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.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was available on the practice intranet and as a paper copies.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through discussion at clinical meetings.

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). We saw minutes from meetings which could evidence QOF was discussed within the practice and any areas for action were identified.

The most recent published results (2014/15) showed the practice had achieved 96% (CCG 94%, nationally 95%) of the total number of points available, with 6% exception reporting (CCG 8%, 9% nationally). 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 some diabetes related indicators were comparable to CCG and national averages. For example, 84% of patients on the diabetes register had a recorded foot examination completed in the preceding 12 months (CCG and national averages of 88%).
- Performance for mental health related indicators were higher than 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 88%, national average 90%).

The practice used clinical audit, peer review, local and national benchmarking to improve quality.

We reviewed two clinical audits which had been undertaken in the past 12 months in response to a Medicines and Healthcare Products Regulatory Agency (MHRA) drug safety alert and updated NICE guidance. We saw evidence of the audit process, outcomes and shared learning. Both these audits could demonstrate where improvements had been identified and subsequently maintained.

Effective staffing

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

- The learning and development needs of staff were identified through appraisals, meetings and reviews of practice performance and service delivery.
- Staff were supported to access e-learning, internal and external training. They were up to date with mandatory training which included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics.
- Staff who administered vaccines and the taking of samples for the cervical screening programme had received specific training, which included an assessment of competence. We were informed staff kept up to date of any changes by accessing online resources or guidance updates.
- There was an induction pack for locum GPs, which included a list of 'essential' telephone numbers, for example GP partners' mobiles and local hospitals.
- GP trainees (registrars) had a debrief with a GP mentor after their morning or afternoon patient consultations, to support learning and development. The GP registrar we spoke with informed us how beneficial and effective these sessions were.
- 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. The

Are services effective?

(for example, treatment is effective)

practice could evidence how they followed up those 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.

Clinical meetings were regularly held between the GPs to discuss patient care and complex cases. In addition, discussions regarding patients' care were held between clinicians as needed. The practice worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. 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 12 weekly basis.

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

Consent to care and treatment

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

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

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

Supporting patients to live healthier lives

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

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

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

- Patients were encouraged to attend national cancer screening programmes for cervical, bowel and breast. There was a computer recall system in place to prompt staff when a patient's cervical smear test was due. 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 and ensured a female sample taker was available. There were failsafe 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. There was a dedicated cervical screening co-ordinator who dealt with the recall and follow up of patients. The latest data showed that 98% of eligible patients had received cervical screening, which was considerably higher than the CCG and national averages of 82%.
- The uptake rate for breast screening of females aged 50 to 70 in the last 36 months was 65%, compared to 70% locally and 72% nationally.
- The uptake rate for bowel screening of patients aged 60 to 69 years in the last 30 months was 50%, compared to 55% locally and 58% nationally.
- Immunisations were carried out in line with the childhood vaccination programme. Uptake rates for children aged up to 24 months ranged from 94% to 99% and 94% to 100% for five year olds.
- 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.

Are services effective?

(for example, treatment is effective)

- The practice screened patients aged 35 and older who were known to be smokers or ex-smokers, for the early detection of chronic obstructive pulmonary disease (a disease of the lungs).
- Patients were signposted to the Leeds Let's Change programme, where health trainers provided healthy lifestyle advice and support.
- A seasonal newsletter was produced by the practice, which incorporated health advice, information regarding health campaigns and a recipe for a healthy meal.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that:

- Members of staff were courteous and helpful to patients and treated them with dignity and respect.
- There was a private room should patients in the reception area want to discuss sensitive issues or appeared distressed.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations and that we could not hear any conversations that may have been taking place.
- Chaperones were available for those patients who requested one and it was recorded in the patient's record when one had been in attendance.

Data from the July 2016 national GP patient survey showed respondents rated the practice comparable to other practices (CCG and nationally) for the majority of questions regarding how they were treated. For example:

- 83% of respondents said the last GP they saw or spoke to was good at listening to them (CCG 87%, national 89%)
- 82% of respondents said the last GP they saw or spoke to was good at giving them enough time (CCG 85%, national 87%)
- 77% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG 83%, national 85%)
- 94% of respondents said the last nurse they saw or spoke to was good at listening to them (CCG and national 91%)
- 94% of respondents said the last nurse they saw or spoke to was good at giving them enough time (CCG and national 92%)
- 94% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG 90%, national 91%)

All of the three patient Care Quality Commission comment cards we received were positive about the service

experienced. Patients said they felt the practice offered a good service and staff were caring and treated them with dignity and respect. Patients we spoke with on the day were also positive about the staff and the practice.

Care planning and involvement in decisions about care and treatment

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

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

The practice participated in the Year of Care programme. This approach supported patients to understand their condition and have a more active part in determining their own care and support needs in partnership with clinicians. It was being used with all patients who had diabetes, chronic obstructive pulmonary disease (COPD) and ischaemic heart disease (IHD).

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 the local CCG and national averages. For example:

- 71% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG 80%, national 82%)
- 87% of respondents said the last GP they saw was good at explaining tests and treatments (CCG 85%, national 86%)
- 86% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG 85%, national 85%)
- 92% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG 89%, national 90%)

Patient and carer support to cope emotionally with care and treatment

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 caring?

There was a carers' register in place and those patients had an alert on their electronic record to notify staff. The practice had identified 145 patients as being carers, this equated to just under 2% of the practice population. Carers were given a 'carers pack' which included information on how to access additional support. We saw there were notices in the patient waiting area, informing patients how to access a number of support groups and organisations. The practice worked closely with Carers Leeds, which was the main carers' centre for the city. They encouraged carers to participate in the Leeds yellow card scheme. The card

informs health professionals that the individual is a carer for another person and to take this into consideration if the carer becomes 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 17 patients on the palliative care register. We spoke with a palliative care nurse who informed us of the working relationship they had with the GPs. They could provide evidence of palliative care meetings held and examples of joint care provision.

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 South and East 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:

- 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
- Text messaging and online services to request repeat prescriptions and make appointments
- A home phlebotomy (blood taking for tests) service
- Travel vaccinations which were available on the NHS
- Promotion of and signposting to the Pharmacy First scheme (patients are encouraged to attend their local pharmacy for advice and medicines relating to minor illnesses, such as coughs, colds, earache and hay fever).
- Disabled facilities, interpretation and translation services
- Wi-Fi available in the patient waiting areas.

Access to the service

The Medical Centre, 143 Rookwood Avenue, Leeds LS9 0NL was open Monday to Friday 8.15am to 6pm with the exception of Thursday when it closed at 12 midday. GP appointments were Monday, Tuesday, Wednesday and Friday 8.30am to 10.40am, 1pm to 2pm and 3.30pm to 5.40pm. Thursday 8.30am to 10.40am.

However, the practice stated these times could vary due to fluctuation in demand.

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.

Appointments could be booked in advance, although same day appointments were available for people that needed them. Telephone consultations were sometimes held by clinicians, dependent on the need of the patient.

Data from the national GP patient survey showed that satisfaction rates regarding how respondents could access care and treatment from the practice were variable compared to the local CCG and national averages. For example:

- 78% of respondents were fairly or very satisfied with the practice opening hours (CCG 77%, national 78%)
- 66% of respondents said they could get through easily to the surgery by phone (CCG 71%, national 73%)
- 88% of respondents said the last appointment they got was convenient (CCG 91%, national 92%)

The patients we spoke with and comments we received were positive about the practice opening hours and their ability to access appointments.

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 and verbal complaints.
- All complaints and concerns were discussed at the practice meeting.
- There was information displayed in the waiting area to help patients understand the complaints system.

There had been 18 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. For example, a patient had complained about how they had been spoken to by a clinician. An apology had been sent to the patient by that individual clinician, which had been accepted by the patient.

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 and robust strategy to deliver high quality, safe and effective care in response to the needs of patients within their community.

There was a mission statement identifying the practice values as 'promoting and improving the health of their patients by providing a high level of care and services'. Staff were aware of and supported the vision and values in the delivery of their care.

Governance arrangements

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

- Staff who had the lead for key areas, such as safeguarding, dealing with complaints and significant events and infection prevention and control.
- Practice specific policies which were updated, regularly reviewed and available to all staff via the computer system.
- A comprehensive understanding of practice performance. Practice meetings were held where practice performance, significant events and complaints were discussed.
- A programme of clinical audit, which was used to monitor quality and drive improvements.
- Arrangements for identifying, recording, managing and mitigating risks. However, at the time of our inspection the irregularities in the fridge temperatures had not been reported or recorded as a significant event. Consequently, action had not been taken and learning had not occurred, which could have prevented further vaccine fridge temperature anomalies.
- Business continuity and succession planning in place, for example the employment and upskilling of staff.

Although there had been two new GPs join the partnership, the Care Quality Commission (CQC) had not been notified of these changes in registration. The practice had been requested to update their details by a CQC inspector several months prior to the inspection and also at the time of inspection. We will continue to monitor this closely to ensure the required action is taken.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality service delivery. They told us they prioritised safe, high quality and compassionate care. There was a clear leadership structure in place and staff told us the GP partners were approachable and they felt respected, valued and supported.

We saw evidence of:

- Practice and clinical meetings being held on a regular basis.
- Formal minutes from a range of multidisciplinary meetings held with other health and social care professionals to discuss patient care and complex cases, such as palliative care and safeguarding.
- A practice newsletter produced for patients each quarter, which promoted self-care, health advice and information about services the practice provided.

We were informed there was a culture of honesty and integrity and saw there was a 'being open' policy in place. The practice 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). When there were unexpected or unintended incidents regarding care and treatment, the patients affected were given reasonable support, truthful information and a verbal and written apology.

We were informed the practice had a strong culture of learning. They were a teaching and training practice and had successfully recruited qualified GPs who had previously trained with them as registrars. We saw evidence of an introduction pack which had been developed for trainees. This included a variety of information about the practice, local maps, links to relevant websites and a timetable of work for the first three weeks.

The GPs promoted learning and development of staff. For example, new practice nurses to the practice had attended several training courses to support them in their roles. Also one of the nurses was being mentored by a GP through the independent prescribing course.

Are services well-led?

Good 

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

We were given examples where learning was shared at clinical and practice meetings using research and medical journal articles. One of the GP partners had a particular interest in this area. They frequently wrote editorials and edited for several medical journals.

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 reference group (PRG), who met regularly and contributed to the practice patient survey. The practice were looking to increase the membership of the group by displaying posters in the patient waiting area and putting information in the practice leaflet and on their website.
- The NHS Friend and Family Test, complaints and compliments received.
- 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.

We were informed of the 'good man' award the practice had to highlight to staff any compliments or 'thank you' comments they received from patients.

Continuous improvement

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

- They trained and mentored GP trainees (registrars).
- Utilised latest research and evidence to support the delivery of best practice care to patients.
- They were part of a federation of other practices within the CCG, to look at how the delivery of primary care services could be improved within the local area. They were currently in the process of developing an enhanced home visiting initiative.
- They were looking at the potential use of 'health pods' to support patients to better self-manage their health, such as checking their blood pressure, without the need to always see a GP.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not always provided in a safe way for service users.</p> <p>Specifically, the practice had a policy to manage the preservation of the cold chain of refrigerated vaccines. However, the practice procedures to report any fridge temperatures which were out of the accepted range of 2°C to 8°C had not been followed. Staff responsible for the cold chain were not familiar with up to date guidance.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>