

# Woodhouse Medical Practice

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woodhouse Medical Practice on 18 May 2016. Overall the practice is rated as good.

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

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

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had piloted a consultant led memory clinic in a primary care setting and as a result the scheme had been extended to other sites across Leeds.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



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

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example; the practice offered a clinic to administer travel vaccinations due to the closure of the community led clinic. The practice also provided a minor surgery clinic.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered longer appointments, home visits and urgent appointments for those with enhanced needs.
- The practice provided flu vaccinations at home for patients who were unable to access the surgery.
- The practice used dosette boxes when dispensing medication to increase compliance and safety (dosette type boxes are boxes where medicines are stored. They can be filled with assistance from families or carers, and have compartments for days of the week and/or times of day). A GP at the practice made weekly visits to a local care home to ensure continuity of care.
- The practice conducted a quarterly search of patients aged 75 and over and any patient who had not accessed services within the last 12 months was contacted and an assessment of their needs was made.
- The practice signposted patients to local voluntary groups such as 'Better for Me' and 'Caring Together'.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 91% of patients with diabetes, on the register, had a record of a foot examination and risk classification completed in the previous year; (CCG average 86%, England average 88%).
- 95% of patients with diabetes, on the register, had received an influenza immunisation in the preceding 12 months which was the same as the CCG and national average.
- Longer appointments and home visits were available when needed.

Good



# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice was participating in the 'Year of Care' programme. An initiative which involved the nursing team attending motivational training courses to encourage patients to take ownership of their conditions and change lifestyles to improve health.
- The practice was part of the 'Chapelton Diabetes Service' which gave patients access to a dedicated specialist community nurse. The nurse provided telephone advice to staff within the practice and patients could access a monthly clinic.
- The practice used an electronic system to monitor patients using amber drugs and ensure all necessary checks were carried out. (Amber drugs are drugs which can only be initiated by a hospital specialist. Responsibility for their ongoing prescription and monitoring can be transferred to GPs once the patient is stabilised on the medicine).
- The practice hosted a health advisor clinic on a weekly basis which all patients could access. In addition the practice had set up a surgery pod allowing enabling patients to self monitor vital signs such as weight and blood pressure.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice carried out monthly searches for patients under the age of five who had been added to or removed from the patient list to ensure timely liaison with other services, such as health visitors.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held dedicated baby clinics at both sites.

Good



# Summary of findings

- The practice worked with midwives, health visitors and school nurses to support the needs of this population group. For example, ante-natal, post-natal and child health surveillance clinics.
- Contraceptive services were provided at the practice and the practice was a registered C-card distribution site. C-card sites allow any person aged between 13 and 24 to access free condoms
- 81% of eligible patients had received cervical screening in the preceding five years (CCG and England average 82%).

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice used text appointment reminders with a cancellation option.
- The practice offered early morning appointments with the practice nurse.
- Saturday morning appointments were offered for flu vaccinations during the flu season to enable patients to access these around work hours.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group. For example, cervical screening, bowel screening and NHS health checks for patients between the ages of 40 and 74.
- Weekly travel clinics were held at the practice and the practice was a registered Yellow Fever Centre.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



# Summary of findings

- All patients on the learning disabilities register were offered an annual health check.
- Those patients identified as having additional needs had an alert on their medical record to ensure all staff were aware.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Staff within the practice had undertaken deaf awareness training to assist when dealing with patients who were deaf or hard of hearing.
- The practice hosted a weekly alcohol and drug intervention clinic which patients could access.

## 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).

- 85% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG and national average of 86%.
- 85% 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 average 90% and England average of 88%).
- The practice had a system in place to alert the practice nurse to any patients who cancelled appointment for their regular depot injections. These patients would be repeatedly contacted to ensure the medication was given. Depot injections are administered to combat symptoms of psychosis in patients.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good





# Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had piloted a consultant led memory clinic in a primary care setting and as a result the scheme had been extended to other sites across Leeds.

# Summary of findings

## What people who use the service say

The most recent national survey results were published on 7 July 2016 after our inspection of the practice. The results showed that the patients ratings of the practice were in line with neighbouring practices and England averages.

A total of 295 survey forms were distributed and 111 (38%) were returned. This represented 4% of the practice's patient list.

- 55% of patients found it easy to get through to this practice by phone compared to the CCG average of 80% and national average of 73%. As a result of this feedback the practice had installed a new telephone system. We spoke with members of the patient participation group (PPG) who told us this had improved.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and national average of 85%.

- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% national average of 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 92 comment cards, the majority of which were positive about the standard of care received. Patients used words such as excellent, fantastic and great. Five of the comment cards we received contained positive comments regarding the standard of care received but less positive comments about accessing appointments and contacting the practice by telephone. One comment card contained less positive comments about the care the patient had received.

We spoke with 20 patients during the inspection, 12 of which were part of the patient participation group (PPG). All 20 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We also received a letter from a patient, who was unable to get to the practice on the day of our inspection; the comments included in this were extremely positive.

# Woodhouse Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Woodhouse Medical Practice

Woodhouse Medical Practice is located in Woodhouse Health Centre, Cambridge Road, Leeds, LS6 2SF. There is also a branch site, Chandos Medical Centre which is located at 123 Lidgett Lane, Leeds, LS8 1QR. We visited both sites as part of our inspection.

The practice is situated within the Leeds North Clinical Commissioning Group (CCG) and is registered with the Care Quality Commission (CQC) to provide primary medical services under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The service is provided by three GP partners (female) and three salaried GPs (female). The practice also has a nurse practitioner, three practice nurses, a health care assistant and an apprentice health care assistant. The clinical staff are supported by a practice manager and an experienced team of administrative and reception staff.

The practice is a training practice both for medical students and second year foundation students (FY2s). An FY2 is a grade of medical practitioner undertaking a two year

postgraduate medical training programme which forms the bridge between medical school and further specialist training. This gave patients the opportunity to access a male GP on a periodic basis.

The practice serves a population of 7,889 patients and is classified as being in one of the more deprived areas of Leeds. Woodhouse Medical Practice is located close to the city centre and university resulting in a higher than average number of patients under the age of 44. Chandos Medical Centre is situated to the North of the city in a more suburban setting. The demography of the two sites differs in relation to age and working status.

Woodhouse Medical Practice is situated in a purpose built building with car parking available. Chandos Medical Centre is also a purpose built building; however this is a less modern building and does not have a dedicated car park.

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. 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.

# Detailed findings

## How we carried out this inspection

‘Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 May 2016. During our visit we:

- Spoke with a range of staff including three GP partners, two salaried GPs, three practice nurses, a health care assistant, the health care assistant apprentice and the practice manager. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.’

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident occurred when the practice made a referral to the district nursing team requesting a weekend visit for the patient. The visit did not take place and the patient was seen at the practice on the Monday. As a result of this the practice discontinued the practice of sending urgent request by fax, changing instead to email communication. In addition, any requests from the nurses for urgent faxes to be sent were done via a task on the clinical system and sent to all reception staff.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses at the practice were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to

## Are services safe?

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 99% of the total number of points available (CCG average 96% and national average 95%) with 5% clinical exception reporting (CCG average and national average 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.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance against the diabetes related indicators was comparable to the CCG and national averages. For example; 91% of patients with diabetes, on the register had a record of a foot examination and risk clarification, compared to the CCG average of 86% and national average of 88%.
- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record in the preceding 12 months, compared to CCG average of 90% and national average of 88%.

Clinical audits demonstrated quality improvement.

- We reviewed two clinical audits completed in the last 12 months. The audits demonstrated where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit had been carried out looking at prescribing Diclofenac to ensure the practice were following up to date prescribing guidance. Diclofenac is a nonsteroidal anti-inflammatory drug used to treat mild or moderate pain. As a result of audit the number of patients being prescribed Diclofenac had reduced from 116 in 2014 to 31 in 2015.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. A practice nurse had been supported to attend various courses to support the role including wound care management, leg ulcer management and diabetes management.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, attending training events and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

# Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

## Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

## Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

- The process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice provided a weight management service and hosted other services such as smoking cessation advice and an alcohol and drug service.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 96% (national average 96%) and five year olds from 90% to 98% (national average 92%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 92 comment cards, the majority of which were positive about the standard of care received. Patients used words such as excellent, fantastic and great. Five of the comment cards we received contained positive comments regarding the standard of care received but less positive comments about accessing appointments and contacting the practice by telephone. One comment card contained less positive comments about the care the patient had received.

We spoke with 20 patients during the inspection, 12 of which were part of the patient participation group (PPG). All 20 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We also received a letter from a patient, who was unable to get to the practice on the day of our inspection, the comments included in this were extremely positive.

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

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

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 79 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example; the practice offered a clinic to administer travel vaccinations due to the closure of the community led clinic. The practice provided a minor surgery clinic and patients also had access to blood borne virus screening.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided flu vaccinations at home for patients who were unable to access the surgery.
- The practice conducted a quarterly search of patients aged 75 and over and any patient who had not accessed services within the last 12 months were contacted and their needs were assessed.
- The practice were part of the 'Chapelton Diabetes Service' which gave patients access to a dedicated specialist community nurse. The nurse provided telephone advice to staff within the practice and patients could access a monthly clinic.
- The practice used an electronic system to monitor patients using amber drugs and ensure all necessary checks were carried out. (Amber drugs are drugs which can only be initiated by a hospital specialist. Responsibility for their ongoing prescription and monitoring can be transferred to GPs once the patient is stabilised on the medicine).

- The practice hosted a health advisor clinic on a weekly basis which all patients could access. In addition the practice had set up a surgery pod allowing enabling patients to self monitor vital signs such as weight and blood pressure.
- Contraceptive services were provided at the practice and the practice was a registered C-card distribution site. C-card sites allow any person aged between 13 and 24 to access free condoms
- The practice used text appointment reminders with a cancellation option.
- The practice offered early morning appointments with the practice nurse.
- Saturday morning appointments were offered for flu vaccinations during the flu season to enable patients to access these around work hours.
- The practice had a system in place to alert the practice nurse to any patients who cancelled appointment for their regular anti-psychotic injections. These are used to reduce the symptoms of psychosis and stop the symptoms from recurring. These patients would be repeatedly contacted to ensure the medication was given.
- Staff within the practice had undertaken deaf awareness training to assist when dealing with patients who were deaf or hard of hearing.
- The practice hosted a weekly alcohol and drug intervention clinic which patients could access.
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### Access to the service

Woodhouse Medical Practice was open as follows:

Monday, Tuesday, Wednesday and Friday: 8.30am until 1pm and 2pm until 6pm

Thursday: 8.30am until 1pm

Appointments were available between the hours of 8.30am and 12pm in the morning and 2pm until 5.30pm in the afternoon.

Chandos Medical Centre was open as follows:

Monday, Thursday and Friday: 8.15am until 12pm

Tuesday and Wednesday: 8.15am until 12pm and 2pm until 6pm

# Are services responsive to people's needs?

(for example, to feedback?)

Appointments were available between the hours of 8.30am and 11.50am in the morning and 2pm until 5.30pm in the afternoon.

In addition to pre bookable appointments, that could be booked up to two weeks in advance with the GP and four weeks in advance for the nurse, urgent appointments were also available for people that needed them.

When the practice was 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.

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 76%.
- 55% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and national average of 73%.

The patients we spoke with on the day of our inspection told us that there had been changes to the telephone system and this had improved.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## **Listening and learning from concerns and complaints**

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. We looked at two complaints received in the last 12 months and found these were handled appropriately, dealt with in a timely way showing openness and transparency when dealing with the complaint.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

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

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

At the time of our inspection the practice manager was preparing for retirement. A new practice manager had been recruited and was already in post to ensure an appropriate handover period was given.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. This included support training for all staff on

communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- The practice used various methods of communication. For example; a weekly email was circulated to all staff and was known as the 'Woodhouse Weekly' this contained information such as upcoming birthdays and annual leave.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the practice had installed a new telephone system as a result of patient feedback.
- The practice had gathered feedback from staff through discussion, staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

# Are services well-led?

Good 

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

## 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 pilot schemes to improve outcomes for patients in the

area. For example; the practice had piloted a consultant led memory clinic in a primary care setting and as a result the scheme had been extended to other sites across Leeds.