

# West Lodge Surgery

## Quality Report

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Leeds

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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?

**Outstanding**



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 West Lodge Surgery on 21 September 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 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.

We saw areas of outstanding practice:

- The practice manager had produced a training booklet to increase awareness of The Accessible Information Standard. The Accessible Information Standard came into force from 31 July 2016 and aims to make sure people with a disability, impairment or sensory loss have access to information which they can read or understand. The training booklet had been used by practices across the Pudsey locality.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible. For example; the practice leaflet, complaints procedure and complaints form was available for patients in audio, braille and large print.
- The practice had a lead GP who ran a monthly learning disability clinic. The GP liaised with other sectors when co-ordinating annual care plans for learning disabled patients and integrated blood tests with dental, vision and ear checks if the patient required to be sedated for another purpose. Early dementia screening was also

carried out as learning disabled patients can start to show signs of dementia from the age of 40. All physical examinations were co-ordinated to offer patients the least intrusive and distressing experience. The practice had installed acoustic panels to reduce the amount of echo in the building and assist patients who were hard of hearing.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- 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.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- 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.
- The practice had identified a low number of carers on the carers' register and had taken steps to increase identification. The practice hosted a carers drop in clinic and invited voluntary organisations to attend and provide information to patients. The practice were working closely with a local voluntary service to increase the number of carers identified and as a result of action taken, had increased the number of people on the carers register from 36 in January 2016 to 204 in September 2016.
- 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.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- 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. For example; the practice leaflet was available for patients in audio, braille and large print.
- The practice had installed acoustic panels to reduce the amount of echo in the building and assist patients who were hard of hearing.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as outstanding 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 was involved in the care home scheme, offering weekly visits by the GP and practice pharmacist and access to a practice nurse and health care assistant. The practice was part of the Patient Empowerment Project which aimed to improve the health and wellbeing of patients. Through this project, GPs were provided with a link to refer patients to local groups and community activities within the voluntary sector. Patients were then provided with support to help them develop the skills, knowledge and confidence to manage their condition.
- The practice manager had produced a training booklet to increase awareness of The Accessible Information Standard. The Accessible Information Standard came into force from 31 July 2016 and aims to make sure people with a disability, impairment or sensory loss have access to information which they can read or understand. The training booklet had been used by practices across the Pudsey locality.
- The practice had a lead GP who ran a monthly learning disability clinic. The GP liaised with other sectors when co-ordinating annual care plans for learning disabled patients and integrated blood test with dental, vision and ear checks if the patient required to be sedated for another purpose. Early

**Outstanding**



# Summary of findings

dementia screening was also carried out as learning disabled patients can start to show signs of dementia from the age of 40. All physical examinations were co-ordinated to offer patients the least intrusive and distressing experience.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had adopted the Year of Care model to manage patients with chronic obstructive pulmonary disease (COPD) and diabetes. The Year of Care model was aimed at encouraging patients with long term conditions to understand their condition and select their own personal health and lifestyle targets.
- The practice had identified under achievement in the management of diabetic patients and had responded to this by providing additional training to staff on diabetic foot reviews. At the time of our inspection, health care assistants at the practice were working on competencies to carry out foot reviews. In addition, the practice found there was a gap in their knowledge of diabetic drugs and had responded to this by requesting training from a diabetic consultant.
- The practice were involved in the Leeds West Clinical Commissioning Group (CCG) paediatric asthma project which aimed to reduce hospital admissions for children and young people and reduce the number of avoidable deaths due to asthma.
- Information about how to complain was available and easy to understand, the complaints form and procedure were also available to patients in large print, audio and braille. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered Skype consultations for patients who were unable to access a face to face appointment and at the time of our inspection were looking into other ways of consulting with patients. For example; e-mail consultations.

## 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.

Good



# Summary of findings

- 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.

# 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 offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Staff within the practice had received dementia training and the practice was a member of dementia friendly Leeds. This helped staff within the practice learn what it is like to live with dementia and increase their awareness when supporting patients.
- The practice was involved in the care home scheme, offering daily GP visits, weekly visits by the GP and practice pharmacist and access to a practice nurse and health care assistant.
- The practice was involved in the avoiding unplanned admissions scheme which identified the 2% of the patient list who were most at risk of unplanned hospital admission and ensuring care plans and interventions were in place to reduce this risk.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 100% of newly diagnosed patients with diabetes, on the register, in the preceding 1 April to 31 March had a record of being referred to a structured education programme within 9 months after entry onto the diabetes register. This was better than the CCG average of 88% and national average of 90%. 96% of patients with diabetes, on the register, had received an influenza immunisation in the preceding 1 August to 31 March, compared to the CCG and national average of 94%.
- The practice had adopted the Year of Care model to manage patients with chronic obstructive pulmonary disease (COPD) and diabetes. The Year of Care model was aimed at encouraging patients with long term conditions to understand their condition and select their own personal health and lifestyle targets.



# Summary of findings

- The practice was involved in the enabling patient health improvements through Chronic Obstructive Pulmonary Disease (COPD) medicines optimisation (EPIC) project. The project aimed to improve patients ability to manage their own COPD through greater understanding and increased use of self-care management plans.
- Longer appointments and home visits were available when needed.
- 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.

## 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 85%, which was better than the CCG average of 79% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice were involved in the Leeds West Clinical Commissioning Group (CCG) paediatric asthma project which aimed to reduce hospital admissions for children and young people and reduce the number of avoidable deaths due to asthma.
- The practice had provided training to all staff to raise awareness of domestic violence and how to address any issues identified.
- The practice offered a full contraceptive and sexual health service.

Good



# Summary of findings

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

Good



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 provided extended access from 7am until 7pm Monday to Friday.
- In addition, the practice was working collaboratively with four other local practices to provide weekend access for patients. This service was to be in place from October 2016, giving patients access to appointments from 8am until 2pm on Saturday and Sunday.
- The practice offered Skype consultations for patients who were unable to access a face to face appointment and at the time of our inspection were looking into other ways of consulting with patients. For example; e-mail consultations.
- The practice were part of the pharmacy first scheme, this enabled patients to access a consultation with local pharmacists for self-care advice and medication where necessary.

## People whose circumstances may make them vulnerable

Outstanding



The practice is rated as outstanding 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.
- The practice offered longer appointments for patients with a learning disability.
- The practice had a lead GP who ran a monthly learning disability clinic. The GP liaised with other sectors when co-ordinating annual care plans for learning disabled patients and integrated blood test with dental, vision and ear checks if the patient required to be sedated for another purpose. Early dementia screening was also carried out as learning disabled patients can start to show signs of dementia from the age of 40. All physical examinations were co-ordinated to offer patients the least intrusive and distressing experience.

# Summary of findings

- 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.
- The practice manager had produced a training booklet to increase awareness of The Accessible Information Standard. The Accessible Information Standard came into force from 31 July 2016 and aims to make sure people with a disability, impairment or sensory loss have access to information which they can read or understand. The training booklet had been used by practices across the Pudsey locality.
- Information for patients about the services available was easy to understand and accessible. For example; the practice leaflet was available for patients in audio, braille and large print.
- The practice had installed acoustic panels to reduce the amount of echo in the building and assist patients who were hard of hearing.
- 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.

## 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).

- 89% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 83% and national average of 84%
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was better than the CCG average of 82% and national average of 84%.
- The practice had weekly alcohol dependency clinics across all three sites.
- Patients could access a weekly memory service clinic and mental health counsellor.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



# Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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. Staff within the practice had received dementia training and the practice was a member of dementia friendly Leeds. This helped staff within the practice learn what it is like to live with dementia and increase their awareness when supporting patients.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. A total of 237 survey forms were distributed and 109 (46%) were returned. This represented less 1% of the practice's patient population.

- 80% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and national average of 73%.
- 83% 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 86% and national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.
- 82% 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 84% and 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 35 comment cards, the majority of which were positive about the standard of care received. Patients used words such as excellent, efficient and brilliant to describe the service. However; five of the comment cards we received contained positive comments about the standard of care but also contained less positive comments regarding access to appointments. One card contained a less positive comment regarding a postnatal examination.

We spoke with one patient during the inspection who was also a member of the patient participation group. They told us they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Outstanding practice

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- Information for patients about the services available was easy to understand and accessible. For example; the practice leaflet, complaints procedure and complaints form was available for patients in audio, braille and large print.
- The practice had a lead GP who ran a monthly learning disability clinic. The GP liaised with other sectors when co-ordinating annual care plans for learning disabled patients and integrated blood tests with dental, vision and ear checks if the patient required to be sedated for another purpose. Early dementia screening was also carried out as learning disabled patients can start to show signs of dementia from the age of 40. All physical examinations were co-ordinated to offer patients the least intrusive and distressing experience. The practice had installed acoustic panels to reduce the amount of echo in the building and assist patients who were hard of hearing.

# West Lodge Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to West Lodge Surgery

West Lodge Surgery is located on New Street, Farsley, Leeds, LS28 5DL. There are also two branch sites, Calverley Medical Centre which is located at 43 Upper Carr Lane, Calverley, LS28 5PL and Glenlea Surgery which is located at 703 Leeds and Bradford Road, Stanningley, Pudsey, LS28 6PE. All three sites operate from purpose built buildings and have parking available for staff and patients. We visited all three sites as part of our inspection.

The practice is situated within the Leeds West Clinical Commissioning Group (CCG) and provides primary medical services under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

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

The practice is a training practice for both medical students and GP Registrars. GP Registrars are fully qualified doctors training to become a GP through a period of working and training at the practice.

The practice serves a population of 18,119 patients who can access a number of clinics for example; minor surgery, family planning and child health and vaccinations.

All three sites are open between 7am and 7pm Monday to Friday. Appointments are available between the hours of 7am until 11.45am and 1pm until 6.45pm.

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.

## 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 21 September 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff which included three GP partners, two practice nurses, a health care assistant, the practice manager and the assistant practice manager.
- We also received feedback from 16 members of the administrative and reception team.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with a patient who was also a member of the patient participation group.

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 had been reported when a patient had come into the practice with breathing difficulties. The receptionist had called for an ambulance and requested an amber response. The call was downgraded to a green response (1 hour for ambulance to arrive) by the ambulance service; however the patient deteriorated during the wait. As a result of this, all staff were advised to request an amber response when patients are suffering from breathing difficulties.

### 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 nursing staff were trained to child protection or child safeguarding level 3.

- 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. There was a GP and practice nurse lead for infection control who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control 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 practice pharmacy and 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. 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.



## Are services safe?

- Health Care Assistants were trained to administer vaccines and medicines against a patient specific direction (PSD). A PSD is an instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by a prescriber. However, when we reviewed the PSD on the clinical system we saw there were no specific directions available to support staff. We received evidence from the practice following our inspection to confirm this had been addressed.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### 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 98% of the total number of points available (CCG and national averages 95%) with 10% clinical exception reporting (CCG 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. These figures are comparable to CCG and national averages.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/ 2015 showed:

- Performance for diabetes related indicators was better than the CCG and national average. For example, the percentage of patients newly diagnosed with diabetes, on the register, in the preceding 12 months who had a record of being referred to a structured education programme within 9 months after entry onto the diabetes register was 100%, compared to the CCG average of 88% and national average of 90%.
- Performance for mental health related indicators were better than the CCG and national average. For example, 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive

care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was better than the CCG average of 82% and national average of 84%.

There was evidence of quality improvement including clinical audit.

- We reviewed two completed clinical audits which had been carried out in the last two years and saw that 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, the practice had carried out an audit to monitor review appointments following coil insertion. The first audit was carried out in December 2014 and findings indicated that only 54% of patients returned for a follow up appointment after the initial coil insertion. As a result of the audit the GP started to book follow up appointments at the time of the procedure. A re-audit was carried out in December 2015 and the findings demonstrated that 82% of patients had returned for the follow up appointment.

The practice had identified a low number of carers on the carers register and had taken steps to increase identification. The practice hosted a carers drop in clinic and invited voluntary organisations to attend and provide information to patients. The practice were working closely with Carers Leeds to increase the number of carers identified and as a result of action taken had increased the number of people on the carers register from 36 in January 2016 to 204 in September 2016.

### 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

# Are services effective?

## (for example, treatment is effective)

conditions. The practice nurse was being supported to qualify as an advanced nurse practitioner, and the health care assistant had received training to carry out foot reviews for diabetic patients.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, 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.
- 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.
- The practice produced a monthly patient newsletter to share information about the practice and provide information about 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.
- Alcohol dependency clinics were held at the practice on a weekly basis, patients could also access a weekly memory service clinic and a mental health counsellor.
- The practice's uptake for the cervical screening programme was 85%, which was better than the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were 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.

## Are services effective?

(for example, treatment is effective)

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 72% to 98% (CCG average 94% and national average 88%) and five year olds from 93% to 99% (CCG average 96% and national average 89%).

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 35 comment cards, the majority of which were positive about the standard of care received. Patients used words such as excellent, efficient and brilliant to describe the service. However; five of the comment cards we received contained positive comments about the standard of care but also contained less positive comments regarding access to appointments. One card contained a less positive comment regarding a postnatal examination.

We spoke with one patient during the inspection who was also a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw which was the same as the CCG average and better than the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 95% 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%.
- 89% of patients said they found the receptionists at the practice helpful which was the same as the CCG average and better than 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. The majority of patient feedback from the 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 better than local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 85% 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%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% 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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in a variety of formats. For example; the practice leaflet, complaints procedure and complaints form were all available in large print, audio and braille.

## Are services caring?

- Portable hearing loops were available at all three sites, this enabled patients to take them through into the consultation if required.
- The practice had installed acoustic panels to reduce the amount of echo in the building and assist patients who were hard of hearing.

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

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 204 patients as

carers (1% of the practice list). The practice had identified this as an area for improvement and we working with a local voluntary organisation to ensure all registered patients who acted in the capacity of carer were identified. Written information was available to direct carers to the various avenues of support available to them. The practice hosted a carers drop in clinic and invited voluntary organisations to attend and provide information to patients.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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 were involved in the care home scheme, offering daily GP visits, weekly visits by the GP and practice pharmacist and access to a practice nurse and health care assistant.

- The practice was part of the Patient Empowerment Project which aimed to improve the health and wellbeing of patients. Through this project, GPs were provided with a link to refer patients to local groups and community activities within the voluntary sector. Patients were then provided with support to help them develop the skills, knowledge and confidence to manage their condition.
- The practice manager had produced a training booklet to increase awareness of The Accessible Information Standard. The Accessible Information Standard came into force from 31 July 2016 and aims to make sure people with a disability, impairment or sensory loss have access to information which they can read or understand. The training booklet had been used by practices across the Pudsey locality.
- There were disabled facilities, a portable hearing loop and translation services available. In addition, the practice had information available for patients in various formats such as large print, audio and braille.
- The practice had a lead GP who ran a monthly learning disability clinic. The GP liaised with other sectors when co-ordinating annual care plans for learning disabled patients and integrated blood test with dental, vision and ear checks if the patient required to be sedated for another purpose. Early dementia screening was also carried out as learning disabled patients can start to show signs of dementia from the age of 40. All physical examinations were co-ordinated to offer patients the least intrusive and distressing experience.
- The practice had adopted the Year of Care model to manage patients with chronic obstructive pulmonary

disease (COPD) and diabetes. The Year of Care model was aimed at encouraging patients with long term conditions to understand their condition and select their own personal health and lifestyle targets.

- The practice had identified under achievement in the management of diabetic patients and had responded to this by providing additional training to staff on diabetic foot reviews. At the time of our inspection health care assistants at the practice were working on competencies to carry out foot reviews. In addition, the practice found there was a gap in their knowledge of diabetic drugs and had responded to this by requesting training from a diabetic consultant.
- The practice were involved in the Leeds West Clinical Commissioning Group (CCG) paediatric asthma project which aimed to reduce hospital admissions for children and young people and reduce the number of avoidable deaths due to asthma.
- Information about how to complain was available and easy to understand, the complaints form and procedure were also available to patients in large print, audio and braille. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered extended hours from 7am until 7pm.
- At the time of our inspection the practice were working with four other local practices to provide weekend access from 8am until 2pm on Saturday and Sundays. This service was scheduled to commence in October 2016.
- 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.

### Access to the service

The practice was open between 7am and 7pm Monday to Friday. Appointments were from 7am until 11.45am every morning and 1pm until 6.45pm in the afternoon. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.



# Are services responsive to people's needs?

(for example, to feedback?)

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.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and national average of 76%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and national average of 73%.

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

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. The practice had complaints procedure which was available for patients and a complaints form for patients to complete should they wish to. This information was available in large print, audio and braille.
- 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 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. The practice had taken steps to improve patient access and liaised with stakeholders regularly to ensure that services continued to meet the needs of the practice population.
- At the time of our inspection, the practice had submitted a proposal to create a two storey extension at the Glenlea site to create additional training space for students, an information technology suite to allow patients access to computers and internet services to assist with self-help of conditions and extra clinical space for primary and community services.

### 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 arrangements in place 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.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). 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 and we saw evidence that 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.
- 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.
- The practice ran an employee of the month scheme to acknowledge the achievements and ideas of staff within 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

# Are services well-led?

Good 

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

surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the group had suggested the information should be made more readily available regarding mental health support, the practice responded to this by including advice in the patient newsletter.

- 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.

## **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.