Shaftesbury Medical Centre

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 Shaftesbury Medical Centre on 4 May 2016. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

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

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Risks to patients were assessed and well managed. There were good governance arrangements and appropriate policies in place.
- Information regarding the services provided by the practice was available for patients.
- The practice had good facilities and was well equipped to treat and meet the needs of patients.
- Patients said they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- The majority of patients were positive about access to the service. They said they generally found it easy to make an appointment, there was continuity of care and urgent appointments were available on the same day as requested.
- The practice sought patient views how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.
- There was a complaints policy and clear information available for patients who wished to make a complaint.
- The practice was aware of and complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)
- The partners promoted a culture of openness and honesty and there was a comprehensive 'being open' policy in place, which was reflected in their approach

Summary of findings

to safety. All staff were encouraged and supported to record any incidents using the electronic reporting system. There was evidence of good investigation, learning and sharing mechanisms in place.

- There was a clear leadership structure and a stable workforce in place; the majority of staff had worked there for over 10 years. Staff were aware of their roles and responsibilities and told us the GPs and manager were accessible and supportive.
- The practice had high praise for their staff and clearly appreciated and valued their input.

However, there was an area where the provider should make an improvement:

- The practice should take steps to reduce the probability of accidental interruption of the electrical supply to vaccine fridges.

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?

Good

The practice is rated as good for providing safe services.

- Risks to patients were assessed and well managed
- There were systems in place for reporting and recording significant events. Lessons were shared to ensure action was taken to improve safety in the practice. All staff were encouraged and supported to record any incidents using the electronic reporting system.
- There were nominated leads for safeguarding children and adults and processes in place to keep patients and staff safeguarded from abuse. We saw laminated posters displaying safeguarding information and contact details in all the consulting and treatment rooms.
- There were systems in place for safe medicines management. However, the practice should take steps to reduce the probability of accidental interruption of the electrical supply to vaccine fridges.
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose.
- There was a nominated lead for infection prevention and control.
- The partners and practice manager had weekly meetings, where they discussed any management issues, significant events and complaints.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the need of patients and delivered care in line with current evidence based guidance.
- Monthly clinical meetings were held between the GPs and nursing staff to discuss patient care and complex cases. In addition, discussions regarding patients' care were held between clinicians as needed.
- Staff worked with other health and social care professionals, such as the community matron, district nursing, health visiting and local neighbourhood teams, to meet the range and complexity of people's needs.
- End of life care was delivered in a coordinated way.

Summary of findings

- Clinical audits were undertaken and could demonstrate quality improvement.
- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to both local and national figures.
- There was evidence of appraisals and personal development plans for all staff, with the exception of the practice manager. We were informed this would be rectified. The practice was very proactive and supportive with regard to the learning and development of staff.
- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care.

Are services caring?

Good

The practice is rated as good for providing caring services.

- The practice had a patient-centred culture and we observed that staff treated patients with kindness, dignity, respect and compassion.
- Data from the national GP patient survey showed that patients rated the practice comparable to other local practices.
- Patients we spoke with and comments we received were positive about the care and service the practice provided. They told us they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked with Leeds South and East Clinical Commissioning Group (CCG) and other local practices to review the needs of their population.
- National GP patient survey responses and the majority of comments made by patients and showed they found it easy to make an appointment.
- All urgent care patients were seen on the same day as requested.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff.

Summary of findings

- The practice took account of the needs and preferences of patients with life-limiting progressive conditions, including those with a condition other than cancer, such as heart failure or dementia.

Are services well-led?

Good

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

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were governance arrangements which included monitoring and improving quality, identification of risk, policies and procedures to minimise risk and support delivery of quality care.
- The provider was aware of and complied with the requirements of the duty of candour.
- The partners promoted a culture of openness and honesty and had a comprehensive 'being open' policy in place.
- There were systems in place for being aware of notifiable safety incidents, sharing the information with staff and ensuring appropriate action was taken.
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.
- There was a stable workforce, the majority of whom had worked at the practice for over 10 years. Staff informed us they felt very supported by the GP partners and practice management.
- The practice had high praise for their staff and clearly appreciated and valued their input.
- The practice carried out proactive succession planning. Two of the partners were due to retire at the end of the year and the practice were actively looking to recruit replacements. In addition, the practice manager was also retiring and a member of staff was being trained and developed to take over the role.
- The practice was a training practice and had successfully recruited newly qualified GPs who had previously trained with them as registrars.

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

Good

The practice is rated as good for the care of older people.

- The practice provided proactive, responsive and personalised care to meet the needs of the older people in its population. Home visits and urgent appointments were available for those patients in need.
- The practice worked closely with other health and social care professionals, such as the district nursing and local neighbourhood teams, to ensure housebound patients received the care and support they needed.
- The practice supported Leeds South and East Clinical Commissioning Group (CCG) initiatives to reduce the rate of elderly patients' acute admissions to hospital.
- Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission and patients were reviewed every 12 weeks.
- Health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.
- Patients were signposted to other services for access to additional support, particularly for those who were isolated or lonely.

People with long term conditions

Good

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

- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. The practice nurses had lead roles in the management of long term conditions.
- The practice worked closely with the community matron in the management of housebound patients who had complex long term conditions, to ensure they received the care and support they needed.
- The practice was participating in the Year of Care programme. This approach encouraged patients to understand their condition and have a more active part in determining their own care and support needs in partnership with clinicians. It was currently being used with all patients who had diabetes, hypertension, vascular and heart disease.

Summary of findings

- Combined holistic reviews were undertaken with patients who had both a respiratory and vascular condition.This avoided the need for multiple appointments.
- There was a system in place to monitor and review patients who were found to have pre-diabetes.
- Patients were signposted to the Leeds Better for Me programme, which provided advice and support to improve self-management of their condition.
- 91% of newly diagnosed diabetic patients had been referred to a structured education programme in the preceding 12 months (CCG average 87%, national average 90%).
- 78% of patients diagnosed with asthma had received an asthma review in the last 12 months (CCG and national averages of 75%).
- 81% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received a review in the last 12 months (CCG average 88%, national average 90%).

Families, children and young people

Good

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.
- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. All children who required an urgent appointment were seen on the same day as requested.
- The practice worked with midwives, health visitors and school nurses to support the needs of this population group. For example, the provision of ante-natal, post-natal and child health surveillance clinics.
- Immunisation uptake rates were comparable to the CCG and national rates for all standard childhood immunisations.
- Cervical screening, sexual health and contraceptive services, including coil and implant fittings, were provided at the practice.
- 77% of eligible patients had received cervical screening (CCG and national average 82%).
- Appointments were available with both male and female GPs.

Summary of findings

- There was a designated GP for all children who were under the age of five and had asthma.
- There was a 'did not attend' (DNA) policy in place to follow up any children who failed to attend a hospital appointment.

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 these patients had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice provided extended hours appointments three mornings a week, including Saturday, and one evening.
- There was a 'drop in' cervical screening clinic once a month.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. For example, early detection of chronic obstructive pulmonary disease (a disease of the lungs) for patients aged 40 and above who were known to be smokers or ex-smokers.
- Health checks were offered to patients aged between 40 and 74 who had not seen a GP in the last three years.
- Students were offered public health recommended vaccinations prior to attending university.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients who were 'cause for concern'. These patients were managed and reviewed by a lead GP, who liaised with other health and social care services as appropriate.
- Patients who had a learning disability had an annual review of their health needs and a health action plan in place. Carers of these patients were also encouraged to attend, were offered a health review and signposted to other services as needed.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

- GPs attended serious case reviews and child protection reviews, or provided summaries in their absence.
- The practice could evidence the number of children who were on a child protection plan (this is a plan which identifies how health and social care professionals will help to keep a child safe).
- There was an in-house alcohol and substance misuse worker available, where patients were either referred or could self-refer.
- We saw information about various local support groups and voluntary organisations, which patients could access as needed.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team. Patients and/or their carer were given information on how to access various support groups and voluntary organisations, such as Carers Leeds.
- 93% of patients diagnosed with dementia had received a face to face review of their care in the preceding 12 months (CCG average 88%, national average 84%).
- 86% of patients who had a complex mental health problem, such as schizophrenia, bipolar affective disorder and other psychoses, had a comprehensive, agreed care plan documented in their record in the preceding 12 months (CCG and national averages of 88%).
- Staff could demonstrate they had a good understanding of how to support patients with mental health needs or dementia.
- Patients who were at risk of developing dementia were screened and support provided as necessary.

Summary of findings

What people who use the service say

The national GP patient survey distributed 283 survey forms of which 114 were returned. This was a response rate of 40% which represented less than 1% of the practice patient list. The results published in January 2016 showed the practice was performing in line with local CCG and national averages. For example:

- 80% of respondents described their overall experience of the practice as fairly or very good (CCG 83%, national 85%)
- 76% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG 76%, national 79%)
- 75% of respondents described their experience of making an appointment as good (CCG 71%, national 73%)
- 86% of respondents said they found the receptionists at the practice helpful (CCG 85%, national 87%)
- 95% of respondents said they had confidence and trust in the last GP they saw or spoke to (CCG and national 95%)
- 96% of respondents said they had confidence and trust in the last nurse they saw or spoke to (CCG 96%, national 97%)

As part of the inspection process we asked for Care Quality Commission (CQC) comment cards to be completed by patients. We received 15 comment cards, which were positive about the care they received, many using the word 'good' to describe the service and citing staff as being friendly and caring.

During the inspection we spoke with two patients of mixed age and gender, who were positive about the practice.

The results of the most recent NHS Friend and Family Test (February to April 2016) showed that 92% of respondents said they would be extremely likely or likely to recommend the practice to friends and family if they needed care or treatment.

Areas for improvement

Action the service SHOULD take to improve

- The practice should take steps to reduce the probability of accidental interruption of the electrical supply to vaccine fridges.

Shaftesbury Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a CQC inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to Shaftesbury Medical Centre

Shaftesbury Medical Centre is a member of the Leeds South and East Clinical Commissioning Group (CCG). It has been located on the first floor of a purpose built health centre since 2008. The building also houses a separate GP practice, an onsite pharmacy and various community health services. There are facilities for people with disabilities and access to the practice is via a lift or stairway. All patient areas are on the same level. There are car parking facilities available on site.

They also have another location at Church View Surgery, Crossgates Medical Centre, Station Road, Leeds LS15 8BZ; where they been sited since 2015. This is also a purpose built health centre and has a very similar set up to the premises at Shaftesbury Medical Centre, 1st Floor, East Leeds Health Centre, 78 Osmondthorpe Lane, Leeds LS9 9EF. We visited both locations as part of our inspection. Patients have access to onsite physiotherapy services, pain management clinics and ultrasound.

The practice currently has 16,700 patients over both locations. They have seen a 1,000 patient increase over the last two years, particularly those who live close to Church View Surgery. The Shaftesbury site patient population has a higher level of deprivation than those who access Church View Surgery. The latter location has a higher affluent, elderly population who are mainly white British.

There are 10 GP partners (four male, six female) and three salaried GP (two male, one female). The clinical team also consists of six practice nurses (one of whom acts in the capacity of nurse manager), two health care assistants and a phlebotomist; all of whom are female. The clinicians are supported by a practice manager and a large experienced team of administration and reception staff. Staff rotate across both sites and have access to the practice computer systems.

Shaftesbury Medical Centre is open as follows:

Monday and Wednesday 7.00am to 6.00pm

Tuesday 8.15am to 7.30pm

Thursday and Friday 8.15am to 6.00pm

Appointments are also available for working patients on alternate Saturdays at Church View Surgery from 8.30 to 10.30am.

Church View Surgery is open as follows:

Monday to Friday 8.15am to 6.00pm

Alternate Saturdays 8.30am to 10.30am

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.

Personal Medical Services (PMS) are provided under a contract with NHS England. The practice is registered to provide the following regulated activities; maternity and

midwifery services, family planning, diagnostic and screening procedures and treatment of disease, disorder or injury. They also offer a range of enhanced services such as influenza, pneumococcal and childhood immunisations.

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

Shaftesbury Medical Centre is a teaching and training practice. They are accredited to train qualified doctors to become GPs (registrars) and to support undergraduate medical students, with clinical practice and theory teaching sessions. At the time of our inspection they currently had four registrars and a year two medical student. They also provide training and mentorship for nursing students from the local university.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Leeds South and East CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (January 2016). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 4 May 2016. During our visit we:

- Visited both locations
- Spoke with a range of staff, which included GP partners, a GP registrar, a practice nurse, the practice manager, the assistant practice manager and a community matron who works alongside the practice.
- Spoke with patients who were all positive about the practice and the care they received.
- Reviewed comment cards where patients and members of the public shared their views. Comments were positive about the staff and the service they received.
- Observed in the reception area how patients/carers/family members were treated.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- The partners promoted a culture of openness, transparency and honesty and we saw there was a comprehensive 'being open' policy in place.
- All staff were encouraged and supported to record any incidents using the electronic reporting system. Staff told us they would also inform the practice manager and/or GPs of any incidents.
- There was evidence of good investigation, learning and sharing mechanisms in place.
- We were informed the practice discussed all events and complaints on a yearly basis to identify any themes or trends.
- The practice was aware of their wider duty to report incidents to external bodies such as Leeds South and East CCG and NHS England. All significant events relating to medicines were monitored by the local CCG medicines management team. Any concerns or issues were then fed back to the practice to act upon.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, it had been noted that a specimen had gone missing, which was found to have been incorrectly labelled. As a result the process for handling specimens and samples was changed to ensure a more robust system was in place and to minimise the risk of similar errors.

When there were unintended or unexpected safety incidents, we were informed patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. There were GP safeguarding leads for adults and children, who had both been trained to the appropriate level three. There was a 'did not attend' (DNA) policy in place to follow up any children who failed to attend either a practice or hospital appointment. We were told the childrens' safeguarding lead worked closely with health visitors, and although attendance at safeguarding case conferences was difficult, the practice always ensured that reports where submitted when requested. The practice could evidence the number of children who were on a child protection plan (this is a plan which identifies how health and social care professionals will help to keep a child safe). Staff had received training relevant to their role and could demonstrate their understanding of safeguarding. We saw laminated posters displaying safeguarding information and contact details, in all the consulting rooms and reception.
- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.) All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) We saw evidence both the clinician and the person acting as chaperone recorded in the patient's records when a chaperone had been in attendance.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw up to date cleaning schedules in place. There was a nominated infection prevention and control (IPC) lead and an IPC protocol in place. All staff were up to date with IPC training. We saw evidence that an IPC audit had taken place and action was taken to address any improvements identified as a result.
- There were arrangements in place for managing medicines, including emergency drugs and vaccinations, to keep patients safe. These included obtaining, prescribing, recording, handling, storage and

security. There were four vaccine fridges in total, two in each location. We observed the plugs for three of the fridges were easily accessible and could inadvertently be unplugged, although they were labelled not to be switched off. We were assured by the practice they would take steps to rectify this in line with Public Health England recommendations.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs), in line with legislation, had been adopted by the practice to allow nurses to administer medicines. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment, in line with the practice recruitment policy, for example proof of identification, references and DBS checks.

Monitoring risks to patients

The practice had procedures in place for assessing, monitoring and managing risks to patient and staff safety. We saw evidence of:

- Risk assessments to monitor the safety of the premises, such as the control of substances hazardous to health and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). There was also a health and safety policy accessible to staff.
- An up to date fire risk assessment and that the practice carried out regular fire drills. There were designated fire marshalls within the practice. There was a fire evacuation plan in place which identified how staff could support patients with mobility problems to vacate the building.
- All electrical and clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order.
- A rota system to ensure there was enough staff on duty to cover both sites and meet the needs of patients. The practice manager informed us of the system they had in place to ensure no more than three GPs were on holiday at the same time, to ensure patient access to services was maintained.

Arrangements to deal with emergencies and major incidents

The practice had 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 were up to date with fire and basic life support training.
- There was emergency equipment available, which included a defibrillator and oxygen, with pads and masks suitable for children and adults.
- Emergency medicines were stored in a secure area which was easily accessible for staff. All the medicines and equipment we checked were in date and fit for use.
- There were anaphylaxis kits in each room where vaccinations took place. (Anaphylaxis is caused by an allergic reaction to a substance and can occur after vaccination, albeit rarely.)
- 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 and was available electronically and as a hard copy, both on and off site. We were informed of a recent incident where the practice had used the business continuity plan effectively.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

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 GPs and practice nurses were leads for specific areas of QOF and regularly discussed any areas for action.

The most recent published results (2014/15) showed the practice had achieved 98% of the total number of points available, with 12% exception reporting compared to 9% locally and nationally (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The exception report figure was discussed with the practice. We looked at a report showing the data for 2015/16 (which had not yet been submitted), this had shown improvement in some areas. The practice were advised to continue to monitor their exception reporting. Data showed:

- Performance for some diabetes related indicators were in line with CCG and national averages. For example, 89% of patients on the diabetes register had a recorded foot examination completed in the preceding 12 months (CCG and national averages of 88%).
- Performance for mental health related indicators were in line with CCG and national averages. For example, 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months (CCG average 88%, national average 90%).

The practice also used clinical audit, peer review, accreditation and local/national benchmarking to improve quality. There had been several clinical audits completed in the last two years. We reviewed two audits; one on the prescribing of the combined oral contraceptive pill to women with a BMI of over 35 and another relating to minor surgery. Both these audits demonstrated all four stages of the clinical audit cycle had been completed and had identified where improvements had been made and could evidence sustained improvement.

The practice had good recall and review systems in place for those patients who were on medications which required close monitoring, such as warfarin.

Effective staffing

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

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff, with the exception of the practice manager, had received an appraisal within the last 12 months. We were informed this would be rectified.
- Staff had received mandatory training that included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics. Staff had access to and made use of e-learning training modules and in-house training. They were also supported to attend role specific training and updates, for example long term conditions 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 accessing online resources and having discussions with other clinicians.

Good

Are services effective?

(for example, treatment is effective)

- All GPs were up to date with their revalidation and appraisals.
- The practice had undertaken a comprehensive review of their nursing team and had identified areas where time was spent on administration, which could be done by other members of staff. This had resulted in the development of a nursing administrative role. We were informed of the value of the role and how much work had been delegated, freeing up more nursing time to be spent with patients.

Coordinating patient care and information sharing

The practice had timely access to information needed, such as medical records, investigation and test results, to plan and deliver care and treatment for patients. The practice could evidence how they followed up those patients who had an unplanned hospital admission or had attended accident and emergency (A&E); particularly children or those who were deemed to be vulnerable.

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. Information was shared between services, with the patient's consent, using a shared care record. We saw evidence that multidisciplinary team meetings took place on a quarterly basis, where patients and clinical issues were discussed. We spoke with the community matron who worked closely with the practice. They gave us many examples of shared care and the processes in place for sharing information confidentially.

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

A report was undertaken each month, to ensure all patient referrals had been completed in line with the two week referral guidelines. All discharge letters and test results were read by the GPs and any actions were identified for follow up. These were then checked by the practice manager to ensure they had all been acted upon.

Consent to care and treatment

We were informed of the process for obtaining and recording consent in relation to the requirements of legislation guidance, such as the Mental Capacity Act 2005. Where a patient's mental capacity to provide consent was unclear, a clinical assessment was undertaken and the outcome recorded in the patient's notes.

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

All consent was recorded electronically in the patient's record. Written consent was also obtained for minor surgery, coil and implant fittings.

Supporting patients to live healthier lives

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

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

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 75. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken.

The practice had good working relationships with the local neighbourhood team and health trainers, to support patients with any additional health or social needs.

The patient uptake rate for cervical screening in the preceding five years was 77%, compared to the CCG and national averages of 82%. There was a computer recall system in place to prompt staff when a patient's smear test was due, and a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and ensured a female sample taker was available. There were fail-safe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice

Good

Are services effective?

(for example, treatment is effective)

followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

A comprehensive sexual health advice service was provided, which included coil and implant fittings undertaken by a female GP.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates were comparable to the national averages. For example, children aged up to 24 months ranged from 94% to 98% and for five year olds they ranged from 87% to 97%.

Patients who were concerned regarding memory loss or any dementia-like symptoms were encouraged to make an appointment with a clinician. A recognised dementia identification tool was used with the patient's consent to assess any areas of concern. The practice had good links with the local memory service and referred patients as needed.

Patients had access to in-house services, such as physiotherapy, a walk-in clinic for patients with alcohol related problems and a health trainer who provided advice and support to patients who wanted to lose weight.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that:

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

All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were caring and treated them with dignity and respect. We also spoke with two patients of mixed age and gender, both of whom were positive about the practice.

Data from the January 2016 national GP patient survey showed respondents rated the practice slightly below in several areas, compared to the local CCG and national averages, to the majority of questions regarding how they were treated. For example:

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

Care planning and involvement in decisions about care and treatment

Patients told us they felt listened to and had sufficient time to make an informed decision about their care and choice of treatment available to them.

The Year of Care model was used with patients who had diabetes, hypertension, vascular and heart disease. This approach enabled patients to have a more active part in determining their own care and support needs in partnership with clinicians. An initial appointment with the health care assistant collected health information and took blood samples. The results were sent to the patient with an explanation of their meaning, prior to their follow up with a nurse. Patients were invited to identify which areas they wanted to focus on before the appointment, which enabled patient and clinician to jointly plan care and treatment options. Individualised care plans for these patients were maintained, which included how to manage an exacerbation in symptoms and any anticipatory medication which may be required.

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

- Interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in an easy to read format.
- The choose and book service was used with all patients as appropriate.

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 slightly below the local CCG and national averages. For example:

- 74% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG 80%, national 82%)
- 82% of respondents said the last GP they saw was good at explaining tests and treatments (CCG 85%, national 86%)

Good

Are services caring?

- 87% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG 85%, national 85%)
- 84% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG 89%, national 90%)

Patient and carer support to cope emotionally with care and treatment

There was a carers' register in place and those patients had an alert on their electronic record to notify staff. The practice had identified 510 patients as being carers, this equated to 3% of the practice population. Carers were offered additional support as needed and signposted to local carers' support groups. We saw there were notices in the patient waiting area, informing patients how to access a number of support groups and organisations. The practice worked closely with Carers Leeds, which was the main carers' centre for the city. They encouraged carers to participate in the Leeds yellow card scheme. The card informs health professionals that the individual is a carer for another person and to take this into consideration if the carer becomes ill, has an accident or admitted to hospital.

The practice worked jointly with palliative care and district nursing teams to ensure patients who required palliative care, and their families, were supported as needed. We were informed that if a patient had experienced a recent bereavement, they would be contacted and support offered as needed.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the NHS England Area Team and Leeds South and East CCG to review the needs of its local population and to secure improvements to services where these were identified.

- Home visits were available for patients who could not physically access the practice and were in need of medical attention.
- Urgent access appointments were available for children and patients who were in need.
- Telephone consultations were available.
- The practice operated a GP led telephone triage service.
- Longer appointments were given to those as needed.
- Extended hours access was available.
- Patients were able to receive travel vaccinations which were available on the NHS.
- There were disabled facilities, a hearing loop and interpretation services available.

Access to the service

Shaftesbury Medical Centre was open as follows:

Monday and Wednesday 7.00am to 6.00pm

Tuesday 8.15am to 7.30pm

Thursday and Friday 8.15am to 6.00pm

Appointments were also available for working patients on alternate Saturdays at Church View Surgery from 8.30 to 10.30am.

Church View Surgery was open as follows:

Monday to Friday 8.15am to 6.00pm

Alternate Saturdays 8.30am to 10.30am

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

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

Results from the national GP patient survey showed that satisfaction rates regarding how respondents could access care and treatment from the practice were variable, in comparison with the local CCG and national averages. For example:

- 71% of respondents were fairly or very satisfied with the practice opening hours (CCG 77%, national 78%)
- 87% of respondents said they could get through easily to the surgery by phone (CCG 71%, national 73%)
- 91% of respondents said the last appointment they got was convenient (CCG 91%, national 92%)

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was information displayed in the waiting area to help patients understand the complaints system.
- There was a designated responsible person who handled all complaints in the practice.
- All complaints and concerns were discussed at the practice meeting.
- The practice kept a register for all written complaints.

There had been eight complaints received in the last 12 months. We found they had been satisfactorily handled and had identified any actions. Lessons were learnt and action was taken to improve quality of care as a result. Complaints were reviewed annually to identify any themes or trends.

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.

- There was a statement of purpose submitted to the Care Quality Commission which identified the practice values. For example, to provide safe, effective and innovative health care to all groups of the practice population
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- All staff knew and understood the vision and values of the practice.

Governance arrangements

The practice had good governance processes in place which supported the delivery of good quality care and safety to patients. This ensured there was:

- A clear staffing structure and staff were aware of their own roles and responsibilities. The GPs and nurses had lead key areas, such as long term conditions management, infection prevention and control and safeguarding.
- Practice specific policies were implemented, updated, regularly reviewed and available to all staff.
- A comprehensive understanding of practice performance. Practice meetings were held weekly, where practice performance, significant events and complaints were discussed.
- A programme of continuous clinical and internal audit which was used to monitor quality and drive improvements.
- Effective arrangements for identifying, recording and managing risks.
- Business continuity and comprehensive succession planning in place. For example, two of the GP partners were due to retire at the end of the year and the practice were actively looking to recruit replacements. In addition the practice manager was also retiring and a member of staff was being trained and developed to take over the role.

Leadership and culture

On the day of inspection, the GP partners and practice manager could demonstrate they had the experience, capacity and capability to run the practice. They told us they prioritised safe, high quality and compassionate care. Staff told us they 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). The partners encouraged a culture of openness and honesty and had a comprehensive 'being open' policy in place. We were informed that when there were unexpected or unintended incidents regarding care and treatment, the patients affected were given reasonable support, truthful information and a verbal and written apology.

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

- There was a stable workforce, the majority of whom had worked at the practice for over 10 years. Staff informed us they felt respected, valued and supported by the partners and managers. The practice told us how highly regarded and valued the staff were and spoke of them in extremely glowing terms.
- All staff were encouraged to identify opportunities to improve the service delivered by the practice.
- The practice held and minuted a range of multidisciplinary meetings,which included other health and social care professionals, to monitor vulnerable patients.
- GPs met with health visitors to monitor and discuss vulnerable families and safeguarding concerns.
- We saw evidence of regular meetings being held within the practice, such as nursing, administrative and palliative care.
- The GPs promoted learning and development within the practice. Many staff told us how they were given time off for personal study and how they were supported to develop in their roles. For example, one of the nurses was undertaking a mentorship course in order for them to support trainee nurses.
- The practice was a training practice and had successfully recruited newly qualified GPs who had trained with them as registrars.

Are services well-led?

Good

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

- There was a practice newsletter produced for patients each quarter, which promoted self-care, health advice and information about services the practice provided.
- Some of the GPs had lead roles outside of the practice, such as chief clinical lead for the CCG and clinical lead for New Models of Care.

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

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

- Patients who were members of the patient participation group (PPG). The PPG met regularly, carried out patients surveys and felt confident in submitting proposals for improvements to the practice.
- The NHS Friend and Family Test, complaints and compliments received.
- Staff through meetings, discussions and the appraisal process. Staff told us they would not hesitate to raise any concerns and felt involved and engaged within the practice to improve service delivery and outcomes for patients.

Continuous improvement

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

- The practice had recently joined a federation of practices within the CCG, to look at how the delivery of primary care services could be improved within the local area.
- The practice had used the General Practice Improvement Programme (GPIP) to review the configuration of the nursing team to become more effective. They were using the same approach to look at alternative ways of replacing the retiring practice manager's role.
- The practice were participating in the Leeds Community Geriatrician led Comprehensive Geriatric Assessment (CGA) project as a pilot site. This project was aimed at patients who were over 75, had a high fraility index score and were at a high risk of an unplanned hospital admission. Assessments and preventative interventions would be undertaken with a number of these patients. The practice were in the very early stages of the pilot and could not, as yet, produce any evidence of any outcomes.