

Dr A Khan and K Muneer

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 Dr A Khan and Dr K Muneer's practice on 26 July 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:

- There was a clear leadership structure, staff were aware of their roles and responsibilities and told us the GPs were accessible and supportive. There was evidence of an inclusive team approach to providing services and care for patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients' needs were assessed and care was planned and delivered following local and national care pathways and National Institute for Health and Care Excellence (NICE) guidance.
- There was good access to clinicians and patients said they found it generally easy to make an appointment. There was continuity of care and if urgent care was needed patients were seen on the same day as requested.
- Information regarding the services provided by the practice and how to make a complaint was readily available for patients.
- The practice sought views on how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and engagement with patients and their local community.
- Risks to patients were assessed and well managed.
- The practice had a very organised approach to working systems and processes, which was evidenced in their policies, staff personnel files and locum recruitment.
- There was a system in place whereby after all policies had been updated, they were reviewed and signed off by one of the GP partners. We saw evidence of the signed and dated signatory sheet for all policies. Policies were available to all staff via the computer or as a paper copy.

Summary of findings

- There were safeguarding systems in place to protect patients and staff from abuse.
- The practice promoted a culture of openness and honesty. There was a nominated lead who had a very organised approach for dealing with significant events. 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.
- The practice complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)
- Patient comments we received were overwhelmingly positive about the practice. The last two national patient surveys regarding the practice, had shown that patient averages for positive experiences were consistently higher than local and national averages. For example:
- 96% of respondents said they could easily get through to the practice by telephone, compared to 68% locally and 73% nationally.
- 99% of respondents said the last appointment they got was convenient, compared to 91% locally and 92% nationally.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

We saw an area of outstanding practice:

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Risks to patients were assessed and well managed
- There were systems in place for reporting and recording significant events and near misses. There was a nominated lead who ensured all incidents were recorded on the electronic reporting system and could evidence a very organised approach. There was evidence of investigation, actions taken to improve safety in the practice and shared learning with staff.
- There was a nominated lead for safeguarding children and adults. Systems were in place to keep patients and staff safeguarded from abuse. We saw there was safeguarding information and contact details available for staff.
- There were processes in place for safe medicines management and the practice was supported by a local Clinical Commissioning Group (CCG) pharmacist.
- 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 (IPC), who demonstrated a very organised and knowledgeable approach. They undertook regular IPC audits and checks of the building.
- The practice undertook three yearly Disclosure and Barring Service check (DBS) checks on all staff; as per best practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the need of patients and delivered care in line with local pathways and national guidance. We saw examples of the practice responding to up to date NICE guidance when managing the care of patients.
- The practice were supported by the local CCG pharmacy team to ensure effective prescribing was undertaken.
- We saw evidence of appraisals and up to date training for staff.
- There was evidence of working with other health and social care professionals, such as the community matron, to meet the range and complexity of patients' needs.
- We saw evidence of clinical audits which could demonstrate quality improvement.

Summary of findings

- End of life care was delivered in a compassionate and coordinated way.
- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were variable compared to local and national averages.
- As a result of participating in the Winter Pressure Scheme 2015/16, the practice could evidence a reduction in out of hours and accident and emergency attendances; despite an increase in their patient list size during that period.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than other practices for the majority of questions regarding the provision of care. Comments we received from patients on the day of inspection were positive about staff and their care.
- We observed that staff treated patients with kindness, dignity, respect and compassion.
- Clinical and administrative staff demonstrated a commitment to providing good care for their patients.
- There was a variety of health information available for patients, relevant to the practice population, in formats they could understand.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked with Leeds South and East Clinical Commissioning Group (CCG) and other local practices to review the needs of their population.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- National GP patient survey responses regarding access were very positive and consistently rated the practice higher than local and national practices. For example, 96% of respondents said they could easily get through to the practice by telephone, compared to 68% locally and 73% nationally.

Summary of findings

- The practice offered pre-bookable, same day and online appointments. They also provided extended hours appointments one day per week, telephone consultations and text message reminders.
- All patients requiring urgent care were seen on the same day as requested.
- Home visits and longer appointments were available for patients who were deemed to need them, such as housebound patients or those with complex conditions.
- The practice prided themselves on their patient access and were constantly looking at how they could improve.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff.

Are services well-led?

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

Good



- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- The provider complied with the requirements of the duty of candour. There were systems in place for reporting notifiable safety incidents and sharing information with staff to ensure appropriate action was taken.
- There were safe and effective governance arrangements in place. These included the identification of risk and policies and systems to minimise risk.
- The practice had a very organised approach to working systems and processes, which was evidenced in their policies, staff personnel files and locum recruitment.
- There was a system in place whereby after all policies had been updated, they were reviewed and signed off by one of the GP partners. We saw evidence of the signed and dated signatory sheet for all policies. Policies were available to all staff via the computer or as a paper copy.
- There were good documented records of checks made within the practice, such as DBS checks, vaccine fridge temperatures, stock and equipment.
- We saw evidence of comprehensive and detailed formal minutes for meetings, such as practice, multidisciplinary, palliative care and safeguarding.
- The practice promoted a culture of openness and honesty. Staff and patients were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services.

Summary of findings

- The practice proactively sought feedback through engagement with patients and their local community.
- Patient comments we received were overwhelmingly positive about the practice. The last two national patient surveys regarding the practice, had shown that patient averages for positive experiences were consistently higher than local and national averages.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

Good



- Proactive, responsive care was provided to meet the needs of the older people in its population.
- Registers of patients who were aged 75 and above and also the frail elderly were in place. to ensure timely care and support were provided. Health checks were offered for all these patients and all had a named GP.
- The practice worked closely with other health and social care professionals, such as the district nursing team, to ensure housebound patients received the care and support they needed.
- Influenza vaccinations were offered and the practice could evidence an 82% uptake between October 2015 and March 2016.

People with long term conditions

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

Good



- The practice maintained a register of patients who were a high risk of an unplanned hospital admission. Care plans and support were in place for these patients.
- The practice had a same day access policy for those patients who experienced a deterioration in their condition. Longer appointments were also available as needed.
- The practice delivered care and support for some patients using the Year of Care model. This approach enabled patients to have a more active part in determining their own needs in partnership with clinicians. It was currently used with patients who had chronic obstructive pulmonary disease (COPD), diabetes, pre-diabetes or coronary heart disease (CHD).
- In line with best practice, six monthly or annual reviews were undertaken to check patients' health care and treatment needs were being met. For example:
 - 79% of patients diagnosed with COPD had received a review in the last 12 months (CCG average 88%, national average 90%)
 - 100% of newly diagnosed diabetic patients had been referred to a structured education programme in the preceding 12 months (CCG average 87%, national average 90%)

Summary of findings

- 76% of patients diagnosed with asthma had received a review in the last 12 months (CCG and national average 75%)

Families, children and young people

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

- The practice worked with midwives, health visitors and school nurses to support the needs of this population group. For example, the provision of ante-natal, post-natal and child health surveillance clinics.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- There was a paediatric trained GP who held quarterly meetings with the health visitor to discuss any concerns regarding children aged five years and under.
- 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. Same day access was available for all children under the age of five.
- The practice had a dedicated individual who dealt with the recall of children requiring vaccinations. Uptake rates for all standard childhood immunisations were between 97% and 100%.
- Sexual health, contraceptive and cervical screening services were provided at the practice.
- 87% of eligible patients had received cervical screening in the preceding five years (CCG and national average 82%).

Good



Working age people (including those recently retired and students)

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

- 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 appointments from 7.30am one morning a week, telephone consultations, online booking of appointments and ordering of prescriptions.

Good



Summary of findings

- The practice offered a range of health promotion and screening that reflected the needs of this age group. This included screening for early detection of COPD (a disease of the lungs) for patients aged 35 and above who were known to be smokers or ex-smokers.
- NHS health checks were offered to patients aged between 40 and 74 who did not have a pre-existing condition.
- Travel health advice and vaccinations were available.

People whose circumstances may make them vulnerable

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

- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- We saw there was information available on how patients could access various local support groups and voluntary organisations.
- Patients were signposted to other agencies for additional care and support as needed.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team.
- Patients and/or their carer were given information on how to access various support groups and voluntary organisations.
- 83% of patients diagnosed with dementia and 80% of patients who had a complex mental health problem, such as schizophrenia, bipolar affective disorder and other psychoses, had received a review of their care in the preceding 12 months. These were both lower than the CCG and national averages of 88%.
- Staff had a good understanding of how to support patients with mental health needs or dementia.

Good



Summary of findings

- Screening blood tests were undertaken for patients who were prescribed lithium and were under the care of psychiatric services. The results were forwarded onto the psychiatric team for information to support continuity of care.

Summary of findings

What people who use the service say

The national GP patient survey (July 2016) distributed 276 survey forms of which 100 were returned. This was a response rate of 36% which represented approximately 4% of the practice patient list. The results for the practice, had showed that patient averages for positive experiences were consistently higher than local and national averages. For example:

- 96% of respondents described their overall experience of the practice as fairly or very good (CCG 82%, national 85%)
- 90% 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%)
- 94% of respondents described their experience of making an appointment as good (CCG 70%, national 73%)
- 96% of respondents said they found the receptionists at the practice helpful (CCG 85%, national 87%)
- 97% of respondents said they had confidence and trust in the last GP they saw or spoke to (CCG 94% 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%)

The previous national patient survey in January 2016 had also mirrored these results.

As part of the inspection process we asked for Care Quality Commission (CQC) comment cards to be completed by patients. We received 18 comment cards which were overwhelmingly positive, using the words 'very good', 'brill' and 'first class' to describe the service and care they had received. Patients said they felt listened to and that staff were caring and helpful.

We also spoke with six patients on the day who were very positive about the staff and the practice. They gave us positive examples where they had felt cared for and supported by both clinical and non-clinical staff in the practice. Three of the patients were members of the patient participation group and explained their involvement and engagement with the practice as being positive.

Outstanding practice

- Patient comments we received were overwhelmingly positive about the practice. The last two national patient surveys regarding the practice, had shown that patient averages for positive experiences were consistently higher than local and national averages. For example:
- 96% of respondents said they could easily get through to the practice by telephone, compared to 68% locally and 73% nationally.
- 99% of respondents said the last appointment they got was convenient, compared to 91% locally and 92% nationally.

Dr A Khan and K Muneer

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector and a GP specialist advisor.

Background to Dr A Khan and K Muneer

Dr Khan and Dr Muneer have been in partnership at the practice since 2007. Their practice is a member of the Leeds South and East Clinical Commissioning Group (CCG). Personal Medical Services (PMS) are provided under a contract with NHS England. The practice is registered with the Care Quality Commission (CQC) to provide the following regulated activities: diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery. They also offer a range of enhanced services, which include:

- extended hours access
- delivering childhood, influenza and pneumococcal vaccinations
- facilitating timely diagnosis and support for people with dementia
- identification of patients with a learning disability and the offer of annual health checks

The practice is located in the Hunslet area, on the outskirts of Leeds city centre. It is based within a purpose built health centre, which also houses another GP practice and several community based services. There is a large reception area where the chairs are colour coded to enable patients to know where to sit and wait to be called for each service. The reception staff for those services share the same office. A notice above each area identifies where patients need to

go to access a receptionist for the practice. All consulting rooms are on the same floor. There is disabled access and a large car park with some designated disabled parking spaces.

The practice currently has a patient list size of 2,254, which is predominantly white British. They have a higher than CCG and national average number of patients aged 25 to 35 years. The percentage of patients who are in paid work or full time education is 63%; compared to 59% locally and 61% nationally. Sixty eight percent of patients have a long standing health condition, compared to 56% locally and 54% nationally. We were informed that the practice had seen an increase of approximately 400 patients over the preceding two years. Reasons for the increase included an increasing birth rate, an influx of European migrants into the area and the closure of a local practice. We were assured the practice was coping with the extra patients and the additional workload.

There are two male GP partners who work at the practice. Nursing staff consist of a practice nurse and a health care assistant; both of whom are female. There is a practice manager, an assistant practice manager (who also acts in the capacity of a phlebotomist when needed) and a team of administration and reception staff who oversee the day to day running of the practice.

The practice is open Monday to Friday 8am to 6pm. Extended hours are available from 7.30am on Thursday. GP appointments are available:

Monday, Tuesday 8.30am to 10.30am and 3.30pm to 5.30pm

Wednesday, Friday 8.50am to 11am and 4.45pm to 5.45pm

Thursday 7.30am to 10.30am and 3.30pm to 5.30pm

Detailed findings

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

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

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Leeds South and East CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2016). QOF is a voluntary incentive scheme for GP practices in the UK, which financially rewards practices for the management of some of the most common long term conditions. We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 26 July 2016. During our visit we:

- Spoke with a range of staff, which included one of the GP partners, the assistant practice manager, the practice nurse and reception/administration staff.
- Reviewed CQC comment cards and spoke with patients regarding the care they received and their opinion of the practice.
- Spoke with members of the patient participation group.
- Observed in the reception area how patients, carers and family members were treated.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting, recording and investigating significant events and near misses.

- There was a strong culture of openness, transparency and honesty.
- The practice was aware of their wider duty to report incidents to external bodies such as Leeds South and East CCG and NHS England. This included the recording and reporting of notifiable incidents under the duty of candour.
- When there were unintended or unexpected safety incidents, we were informed patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- There was a nominated lead for ensuring all significant events and near misses were recorded on the electronic reporting system. We looked at some incidents in detail and saw there was good evidence of investigation, actions taken to improve safety in the practice and shared learning with staff.
- 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.
- There was a system in place to ensure all safety alerts were cascaded to staff and actioned as appropriate.

Overview of safety systems and processes

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

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. Staff had received training relevant to their role and could demonstrate their understanding of safeguarding. A GP acted in the capacity of safeguarding lead for adults and children and had been trained to the appropriate level three. Although it was not possible for the GPs to attend

external multi-agency safeguarding meetings, reports were always provided where necessary. The health visitor regularly attended the practice and any child safeguarding issues or concerns were communicated to them.

- 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.) It was recorded in the patient's record when a chaperone had been in attendance or refused.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. All staff had received up to date training in infection prevention and control (IPC). The practice nurse was the nominated lead for IPC; who could evidence an organised and knowledgeable approach. They undertook regular checks of the building and we saw evidence that IPC audits had taken place and action had been taken to address any improvements identified as a result. In addition, we saw checks and records relating to the use of spirometry equipment, which provided a clear audit trail of patient use and cleaning.
- There were safe and effective arrangements in place for managing medicines, including emergency drugs and vaccinations, to keep patients safe. These included obtaining, prescribing, recording, handling, storage and security.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines, in line

Are services safe?

with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) The health care assistant was trained to administer vaccines or medicines against a Patient Specific Direction (PSD).

- The assistant practice manager had a very organised approach to maintaining personnel files and ensuring safe practices. We reviewed all 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. The practice undertook three yearly DBS checks on all staff; in line with best practice. In addition we saw evidence that comprehensive checks had been undertaken with regard to locums used in the practice, which mirrored the recruitment checks of the staff they employed.

Monitoring risks to patients

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

- Risk assessments to monitor the safety of the premises, such as the control of substances hazardous to health and legionella. (Legionella is a bacterium which can contaminate water systems in buildings).
- A health and safety policy and up to date fire risk assessment.

- All electrical and clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff worked flexibly to cover any changes in demand, for example annual leave, sickness or seasonal demands.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. We saw:

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. We saw examples of patient care where NICE guidance had been used effectively.
- 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. We saw comprehensive formal minutes from meetings which could evidence QOF was discussed within the practice and any areas for action were identified.

The most recent published results (2014/15) showed the practice had achieved 94% of the total number of points available, with 7% exception reporting. This was lower than the CCG and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data showed:

- Performance for diabetes related indicators was in line with CCG and national averages. For example, 88% of patients on the diabetes register had a recorded foot examination completed in the preceding 12 months; which was the same as the CCG and national averages.
- Performance for mental health related indicators was lower than the CCG and national averages. For example, 78% 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%).

We were informed the practice undertook monthly reports and audits to identify any patients who were not currently coded correctly on the computer system. Patients were coded to alert clinicians to undertake a disease management and medication review.

As a result of participating in the Winter Pressure Scheme 2015/16, the practice could evidence a reduction in out-of-hours and accident and emergency attendances; despite an increase in their patient list size during that period. The overall attendances equated to 11% less than the average for the CCG as a whole.

The practice used clinical audit, peer review, local and national benchmarking to improve quality. We saw several clinical audits and reviewed two relating to prescribing of specific medicines; spironolactone used in patients who have congestive heart failure; and betmiga used in the management of urinary frequency, urgency and incontinence in overactive bladder syndrome. These were undertaken in response to two Medicines and Healthcare Products Regulatory Agency (MHRA) drug safety alerts in the past 12 months. We saw evidence of the audit process, outcomes and shared learning. Both these audits could demonstrate where improvements had been identified and subsequently maintained.

The practice had participated in the Leeds University Action to Support Practices Implementing Research Evidence (ASPIRE) programme, which supports practice in continuous quality improvement in the delivery of patient care and sustainability. We saw evidence where they had been identified and congratulated as being the highest achieving practice of those who had participated.

Effective staffing

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

- The learning and development needs of staff were identified through appraisals, meetings and reviews of practice performance and service delivery. All staff had received an appraisal within the preceding 12 months.
- Staff were supported to access e-learning, internal and external training. They were up to date with mandatory training which included safeguarding, fire procedures,

Are services effective?

(for example, treatment is effective)

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.

- There was a detailed information pack made available to all GP locums.
- Staff who administered vaccines and the taking of samples for the cervical screening programme had received specific training, which included an assessment of competence. We were informed staff kept up to date of any changes by accessing online resources or guidance updates.
- All GP locums had comprehensive recruitment checks and a personnel file in place. There was an agreement form which the practice asked all locums to sign.
- The GPs were up to date with their revalidation and appraisal.
- The practice nurse was up to date with their nursing registration.

Coordinating patient care and information sharing

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

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. With the patient's consent, information was shared between services using a shared care record. We saw evidence that multidisciplinary team meetings, to discuss patients and clinical issues, took place on a quarterly basis.

Screening blood tests were undertaken for patients who were prescribed lithium and were under the care of psychiatric services. The results were forwarded onto the psychiatric team for information to support continuity of care.

Care plans were in place for those patients who had complex needs, were at a high risk of an unplanned hospital admission or had palliative care needs. These

were reviewed and updated as needed. Information regarding end of life care was shared with out-of-hours services, to minimise any distress to the patient and/or family.

Consent to care and treatment

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

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

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

Supporting patients to live healthier lives

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

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

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

- Encouraged patients to attend national screening programmes for cervical, bowel and breast cancer. They contacted patients and provided information and advice of the benefits of attending the screening. The uptake rates were:
 - cervical screening in the last five years was 87%, which was higher than the CCG and national averages of 82%.
 - bowel screening for patients aged 60 to 69 in the last 30 months was 49% (CCG 54%, national 58%).

Are services effective?

(for example, treatment is effective)

- breast screening in females aged 50 to 79 in the last 36 months was 63% (CCG 70%, national 72%).
- Carried out immunisations in line with the childhood vaccination programme. There was a dedicated member of staff who dealt with all recalls for vaccinations, as a result uptake rates were higher than the CCG and national averages. For example, children aged up to 24 months ranged from 97% to 100% and 100% for five year olds.
- Provided patients access to appropriate health assessments and checks. These included NHS health checks for people aged 40 to 75. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken.
- Screened patients aged 35 and above who were known to be smokers or ex-smokers, for the early detection of chronic obstructive pulmonary disease (a disease of the lungs).
- Offered pre-diabetes screening for those patients who may be at risk of developing type two diabetes.
- Offered influenza vaccinations and could evidence an 82% uptake between October 2015 and March 2016.
- Provided stop smoking advice and support.
- Had access to other services based in the health centre, such as a health trainer who could provide additional support for patients with lifestyle advice, an alcohol misuse worker and a warfarin clinic. (Warfarin is an anti-coagulant medicine used to reduce the formation of blood clots. It requires a patient to be regularly monitored via frequent blood tests.)

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.

Data from the national GP patient survey showed respondents rated the practice higher than CCG and national averages for many questions regarding how they were treated. For example:

- 86% of respondents said the last GP they saw or spoke to was good at listening to them (CCG 87%, national 89%)
- 90% of respondents said the last GP they saw or spoke to was good at giving them enough time (CCG 85%, national 87%)
- 93% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG 82%, national 85%)
- 96% of respondents said the last nurse they saw or spoke to was good at listening to them (CCG and national 91%)
- 95% of respondents said the last nurse they saw or spoke to was good at giving them enough time (CCG and national 92%)
- 94% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG 90%, national 91%)

We received 18 comment cards which were overwhelmingly positive, using the words 'very good', 'brill' and 'first class' to describe the service and care they had received. Patients said they felt listened to and that staff were caring and helpful.

We also spoke with six patients on the day; all of whom were very positive about the staff and the practice. They gave us positive examples where they had felt cared for and supported by both clinical and non-clinical staff in the practice; particularly during emotional and stressful events.

Care planning and involvement in decisions about care and treatment

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

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

The Year of Care model was used with patients who had diabetes, pre-diabetes, chronic obstructive pulmonary disease (a disease of the lungs) or coronary heart disease (CHD). This approach enabled patients to have a more active part in determining their own care and support needs in partnership with clinicians. Individualised care plans for these patients were maintained.

Data from the national GP patient survey showed respondents rated the practice higher than local and national practices, for some of the questions. For example:

- 90% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG 80%, national 82%)
- 89% of respondents said the last GP they saw was good at explaining tests and treatments (CCG 84%, national 86%)
- 95% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG 84%, national 85%)
- 97% 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

The practice maintained a carers' register and the patient electronic record system alerted clinicians if a patient was a carer. All carers were offered a health check and influenza vaccination. Additional support was provided either by the practice or signposted to other services as needed. Carers

Are services caring?

were encouraged to participate in the Carers Leeds yellow card scheme. This card informs health professionals that the individual is a carer for another person and take this into consideration should the carer become ill, have an accident or be admitted to hospital.

At the time of our inspection the practice had identified 13 carers, which equated to less than 1% of the practice population. We were informed by the practice that they were working towards increasing the numbers and raising awareness of being a carer. The practice worked with local voluntary organisations to support patients, particularly those with dementia, and their carers.

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. There was a named GP for all palliative patients, who were given a telephone number to directly access that clinician to ensure continuity of care and in case of emergency. At the time of our inspection there were four patients on the palliative care register.

We saw there were notices and leaflets in the patient waiting area, informing patients how to access a number of support groups and organisations. There was also information available on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with NHS England and Leeds South and East CCG to identify and secure provision of any enhanced services or funding for improvements. Services were provided to meet the needs of their patient population, which included:

- Home visits for patients who were frail, elderly or unable to attend the practice due to health reasons.
- Urgent access appointments for patients who were in need.
- Open access for children.
- Telephone consultations.
- Longer appointments as needed.
- Travel vaccinations which were available on the NHS.
- Disabled facilities.
- Interpretation and translation services.
- Promotion of and signposting to the Pharmacy First scheme (patients are encouraged to attend their local pharmacy for advice and medicines relating to minor illnesses, such as coughs, colds, earache and hay fever).
- The installation of Wi-Fi for patients to use whilst waiting in the reception area.

The practice demonstrated a good understanding of their practice population and individual patient needs.

Access to the service

The practice was open Monday to Friday 8am to 6pm. Extended hours were available from 7.30am on Thursday. GP appointments were available:

Monday, Tuesday 8.30am to 10.30am and 3.30pm to 5.30pm

Wednesday, Friday 8.50am to 11am and 4.45pm to 5.45pm

Thursday 7.30am to 10.30am and 3.30pm to 5.30pm

Appointments could be booked in advance and same day appointments were available for people that needed them.

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

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

- 82% of respondents were fairly or very satisfied with the practice opening hours (CCG 77%, national 78%)
- 96% of respondents said they could get through easily to the surgery by phone (CCG 68%, national 73%)
- 99% of respondents said the last appointment they got was convenient (CCG 91%, national 92%)

The practice prided themselves on their patient access and were constantly looking at how they could improve. This was evidenced in the continued improvement in patient satisfaction results from the last two national patient surveys in January and July 2016.

Listening and learning from concerns and complaints

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

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

There had been four complaints received in the last 12 months. Evidence showed they had been satisfactorily handled. Lessons had been learned and action taken to improve the quality of care. There were no apparent themes to the complaints. We saw that two had been submitted by the complainants to other agencies, such as NHS England and NHS Choices, rather than directly to the practice for them to deal with.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision and robust strategy to deliver high quality, safe and effective care in response to the needs of patient within their community.

There was a statement of purpose submitted to the Care Quality Commission which clearly identified the practice values as being:

- To treat patients as individuals and with respect.
- To work in partnership with patients, their families and carers to provide a positive experience and involve them in decision making about their treatment and care.
- To provide patients and staff with an environment which is safe and friendly.

All staff knew and understood the practice vision and values. There was a strong patient-centred ethos amongst the practice staff and a desire to provide high quality care. This was reflected in their passion and enthusiasm when speaking to them about the practice, patients and delivery of care.

Governance arrangements

There were good governance processes in place which supported the delivery of good quality care and safety to patients. We saw evidence of:

- A good understanding of staff roles and responsibilities. Staff had lead key areas, such as paediatrics, safeguarding, dealing with complaints and significant events, data and recall of patients, and infection prevention and control.
- A system in place whereby after all policies had been updated, they were reviewed and signed off by one of the GP partners. We saw evidence of the signed and dated signatory sheet for all policies. Policies were available to all staff via the computer or as a paper copy.
- A comprehensive understanding of practice performance. Practice meetings were held where practice performance, significant events and complaints were discussed.
- A programme of clinical audit, which was used to monitor quality and drive improvements.
- Robust arrangements for identifying, recording, managing and mitigating risks.

- Safe practices, which included keeping good documented records of checks made within the practice, such as DBS, locum recruitment, vaccine fridge temperatures, stock and equipment.
- Business continuity and comprehensive succession planning in place.

Leadership and culture

There was a clear leadership structure in place and staff told us the partners were approachable and they felt respected, valued and empowered.

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. We saw evidence of:

- Clinical and non-clinical meetings being held.
- Comprehensive and detailed formal minutes for meetings, such as practice, multidisciplinary, palliative care and safeguarding.
- An all inclusive team approach to providing services and care for patients.

We were informed there was a strong culture of openness and honesty. The practice was aware of, and had systems in place to ensure compliance with, the requirements of the duty of candour. 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.

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

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

- Patients through day to day engagement with them.
- 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 Friends 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.

Are services well-led?

Good 

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

Continuous improvement

There was a 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:

- They were part of a federation of practices within the CCG, to look at how the delivery of primary care services could be improved within the local area.
- They were looking to recruit a female GP. Although patients had not expressed any concerns, the GPs felt it would be more appropriate to offer a choice of gender.
- Ensuring all patients with complex needs had individualised care management plans.
- The development of testing for frailty in patients to ensure they were supported in line with their needs.