

Drs. Newbound, Humphris, Vautrey, Bearpark, Cunliffe, Chida, Hayes, Spencer, Hodgson & Fineberg

Quality Report

Meanwood Group Practice
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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 Meanwood Group Practice on 9 March 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 an open and transparent approach to safety and an effective system was in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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.
- Patients said they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- 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 reference group.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff were supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Staff were supported to attend role specific training and updates. For example; a salaried GP at the practice was being supported through an ENT diploma at the time of our inspection.
- The practice focused on pursuing hard to reach groups to involve them in diabetic education sessions, this was supported by a specialist dietician.
- The practice were committed to ensuring information was entered onto the clinical system on the same day as it was received to ensure accurate information was available at all times. There was a system and dedicated time for daily correspondence and results management.

Summary of findings

- The practice used the Leeds Care Record to ensure information regarding health and social care was easily accessible.

We saw areas of outstanding practice:

- The practice took a proactive approach to monitoring and management of risks to patients. The practice had carried out a risk assessment for each room within the practice and involved all staff members in this process. There was also a dedicated reporting form which staff were required to complete if any hazard was noticed. For example; faulty light switches and trip hazards.
- The practice had introduced a system of home monitoring for patients with hypertension. This enabled the patient to carry out tests at home, which helped to reduce the stress of undertaking tests in a clinical environment, and supported management of self-care.
- Additional services were provided at the practice for registered patients and those who were referred from other practices. For example; minor surgery, non-benign gynaecology and an ear nose and throat clinic. These services were overseen by hospital consultants, reducing the number of patients attending hospital appointments and giving patients the choice to access care closer to home.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- Risks to patients were assessed and well managed.
- There was a system in place for reporting and recording significant events.
- There was a nominated lead for safeguarding children and adults and systems, processes and practices were in place to keep patients and staff safeguarded from abuse.
- There were processes in place for safe medicines management, which included emergency medicines.
- The practice was clean and infection prevention and control (IPC) audits were carried out.
- The provider had implemented an electronic system to ensure communication was available to all staff, this was also used to initiate reminders regarding recording fridge temperatures and stock levels and expiry dates of medication in GP bags.
- We saw evidence of registration with professional bodies. For example; General Medical Council. However; the provider did not have a system in place to ensure these were checked on an annual basis. We received confirmation from the practice following our inspection that a system had been implemented.
- We saw evidence of medical indemnity insurance. However the provider did not have a system in place to ensure this was checked on an annual basis. We received confirmation from the practice following our inspection that renewal certificates would now be sent to the managing partner for review.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were above average compared to both local and national figures.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Good



Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. For example, the community matron, district nursing and health visiting teams.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP patient survey showed that patients rated the practice comparable to others. Patients we spoke with and comments we received were all very 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.
- We observed a patient-centred culture and that staff treated patients with kindness, dignity, respect and compassion.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds North Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in the Year of Care Initiative. This initiative was aimed at encouraging patients with long term conditions to understand their condition and select their own personal health and lifestyle targets.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff. Learning from complaints was also shared with stakeholders.
- The practice focused on pursuing hard to reach groups to involve them in diabetic education sessions, this was supported by a specialist dietician.
- The practice had a well-established diabetic clinic with a Lead GP and nurse who both specialised in diabetes.
- The practice had a system to monitor and review patients who were found to have pre-diabetes.

Good



Are services well-led?

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

Good



Summary of findings

- 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. This is a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. The partners encouraged a culture of openness and honesty.
- There were systems in place for being aware of notifiable safety incidents and sharing information with staff to ensure appropriate action was taken
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of patient surveys, the NHS Friends and Family Test and the patient reference group.

Staff informed us they felt very supported by the GPs and management.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice 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 with enhanced needs.
- The practice supported Leeds North Clinical Commissioning Group (CCG) initiatives to reduce the rate of elderly patients' acute admission to hospital.
- The practice had a wellbeing co-ordinator who maintained regular contact with patients and identified any additional support required.
- The practice were co-located with community staff such as Community Matrons, Community Nurses, Speech Therapists, Podiatrist and mental health services, giving staff immediate access to discuss patients requirements.

The practice had established good relationships with third sector organisations that provided social support. For example; Zest for Life and The Royal Voluntary Service.

Good



People with long term conditions

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 chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- The practice was participating in the Year of Care programme. An initiative aimed to encourage patients with long term conditions to understand their condition and select their own personal targets.
- The practice focused on pursuing hard to reach groups to involve them in diabetic education sessions, this was supported by a specialist dietician.
- The practice had a well-established diabetic clinic with a Lead GP and nurse who both specialised in diabetes.
- The practice had a system to monitor and review patients who were found to have pre-diabetes.

Good



Summary of findings

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- 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.
- There was a midwife attached to the practice who ran ante-natal and postnatal clinics four days a week.
- The practice ran childhood immunisation clinics twice a week with Health Visitors present for development checks and baby weighing. This was supported by a recall system for non-attenders resulting in the practice achieving targets in this area.
- Patients could access a full range of contraceptive services including fitting of implants and emergency contraception.
- The practice had previously been accredited as a “Young People Friendly” practice with a dedicated nurse leading on young people’s health.
- All patients registering with the practice were offered the opportunity to have blood borne virus screening.
- The practice had achieved 89% against the cervical screening domain, this was better than the CCG average of 81% and national 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 was proactive in offering the option to book appointments and request repeat prescriptions online as well as a 24 hour automated telephone service for booking, cancelling, checking and changing appointments.

Good



Summary of findings

- There were a range of appointments available including book on the day and book in advance. In addition, telephone consultations were available from 8am until 11.30am daily for patients who were unable to access the practice for an appointment.
- The reception desk was open from 7.30am on a daily basis to allow patients to call for repeat prescriptions and book or change appointments.
- There was a full range of health promotion and screening that reflected the needs for this age group. For example, cervical screening and annual health checks.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances and regularly worked with multidisciplinary teams in the case management of this population group.
- The practice had a system to alert staff to patients with known vulnerabilities or complex needs. For example; when longer appointments were required or the need to see a specific GP.
- Information was provided on how to access various local support groups and voluntary organisations.
- Longer appointments were available for patients 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.
- People with disabilities could access all areas of the buildings; there was braille signage and a hearing loop in the reception area.
- Carers were identified and recorded opportunistically by the practice when booking appointments or telephone consultations. Patients who were identified as carers were signposted to Carers Leeds.
- The practice hosted other services which patients could easily access. For example; weekly sessions from Citizens Advice Bureau and an alcohol worker from Forward Leeds.

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).

Good



Summary of findings

- 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.
- 92% of patients diagnosed with dementia had received a face to face review of their care in the last 12 months, which was better than the local and national averages
- The practice had a system in place to check patients at high risk of dementia and had increased detection rates from 59% in April 2014 to 69% as at March 2015.
- A memory nurse was based at the practice and available to provide support to patients. A memory nurse is a health care professional who supports patients with memory problems, such as those who have dementia. They provide specialist care and advice which is personalised to meet the patient's needs.
- The practice employed a wellbeing co-ordinator who worked with patients and signposted to other services. For example; local luncheon clubs, Social Services and Alzheimer's services.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016 showed the practice was performing in line with local and national averages. There were 298 survey forms distributed and 113 were returned. This was a response rate of 38% which represented slightly less than 1% of the practice's patient list.

- 71% found it easy to get through to this surgery by phone (CCG average 79%, national average 73%).
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 85% described the overall experience of their GP surgery as good (CCG average 88%, national average 85%).

- 91% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 82%, national average 78%).

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received 25 comment cards, all of which were very positive, many using the words 'fantastic' and 'excellent' to describe the service and care they had received.

During the inspection we spoke with four members of the patient reference group who were positive about the care they received at the practice. They told us how the practice engaged with them, particularly around the appointment system and how this had improved.

Outstanding practice

- The practice took a proactive approach to monitoring and management of risks to patients. The practice had carried out a risk assessment for each room within the practice and involved all staff members in this process. There was also a dedicated reporting form which staff were required to complete if any hazard was noticed. For example; faulty light switches and trip hazards.
- The practice had introduced a system of home monitoring for patients with hypertension. This

enabled the patient to carry out tests at home, which helped to reduce the stress of undertaking tests in a clinical environment, and supported management of self-care.

- Additional services were provided at the practice for registered patients and those who were referred from other practices. For example; minor surgery, non-benign gynaecology and an ear nose and throat clinic. These services were overseen by hospital consultants, reducing the number of patients attending hospital appointments and giving patients the choice to access care closer to home.

Drs. Newbound, Humphris, Vautrey, Bearpark, Cunliffe, Chida, Hayes, Spencer, Hodgson & Fineberg

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Drs. Newbound, Humphris, Vautrey, Bearpark, Cunliffe, Chida, Hayes, Spencer, Hodgson & Fineberg

The practice is located in a moderately deprived area of Leeds. It has a patient list size of approximately 13,657 with a higher than national average number of patients who are between the ages of 20 and 34.

The practice is located in a purpose built, single storey health centre which also houses community staff such as Community Matrons and speech therapists.

The practice has good working relationships with local health, social and third sector services to support provision of care for its patients. For example; The Royal Voluntary Service, Leeds Irish Health and Home and The Alzheimer's Society.

The service is provided by nine GP partners (five male and four female) and one female managing partner/practice manager. The partners are supported by two male salaried GPs, a senior practice nurse, four practice nurses, a health care assistant and two phlebotomists. The clinical staff are supported by an experienced team of administrative and secretarial staff.

The practice is a training practice both for medical students and GP registrars (doctors specialising in becoming a GP).

The practice is open from 7.30am to 6pm Monday to Friday. Extended hours are provided from 6pm to 8pm on Monday evenings and 6pm to 8pm on alternate Wednesday and Thursday evenings. The practice closes at lunchtime on Thursday of every month for training, however appointments with GPs are offered from 4pm onwards following the training event.

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.

Detailed findings

General Medical Services (GMS) are provided under a contract with NHS England.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Leeds North Clinical Commissioning Group (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 available at that time (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 9 March 2016. During our visit we:

- Spoke with a range of staff, which included a Two GP partners, a GP Registrar, the senior practice nurse, the managing partner/practice manager, the senior receptionist and a member of the administrative team.

- Reviewed comment cards where patients and members of the public shared their views. All comments received were very positive about the staff and the service they received.
- Observed in the reception area how patients/carers/family members were being treated and communicated with.
- Spoke with four members of the patient reference group, who informed us how well the practice engaged with them.
- 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 and recording significant events.

- The practice had a dedicated lead for reviewing clinical significant events.
- The practice had a comprehensive procedure for reporting and managing significant events which we were able to review during our inspection. We found this was up to date and accessible by all staff.
- The practice used an electronic system to report incidents and significant events, which all staff had access to.
- The reception and administrative staff we spoke with told us they would report directly onto the electronic system and were able to give examples of significant events they had reported.
- The practice carried out a thorough analysis of significant events and all staff were included.
- All significant events were shared with Leeds North Clinical Commissioning Group (CCG).

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, a patient had been inappropriately prescribed a medicine, due to a contraindication. The GP realised the error as soon as the patient had left the room and contacted the patient to resolve the issue. No harm was caused to the patient. This incident resulted in raising awareness with clinicians of appropriate prescribing. When there were unintended or unexpected safety incidents, we were informed patients received appropriate 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 who to contact for further guidance if staff had concerns about a patient's welfare. The practice had a dedicated GP who acted in the capacity of safeguarding lead. They attended the safeguarding conferences and meetings as required and provided feedback to the practice accordingly.

- Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. There were also notices available in each of the clinical rooms. 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.
- 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 and evidence of audits conducted by the practice to ensure all cleaning tasks undertaken by the contract cleaners were carried out appropriately.
- A practice nurse was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. 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. Prescription pads were securely stored and there were systems in place to monitor their use. 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. Patient Group Directions, in line with legislation, had been adopted by the

Are services safe?

practice to allow nurses to administer medicines. The practice also had a system for the production of Patient Specific Directions to enable health care assistants to administer vaccinations.

- We reviewed two personnel files and found appropriate recruitment checks had been undertaken, for example proof of identification, qualifications, reference requests and DBS checks. However each file we reviewed contained only one written reference.

Monitoring risks to patients

The practice took a proactive approach to monitoring and management of risks to patients. For example; the senior receptionist had undertaken additional training through the Institution of Occupational Health and Safety (IOSH) and was in the process of reviewing all risk assessments.

The practice had carried out a risk assessment for each room within the practice and involved all staff members in this process. There was also a dedicated reporting form which staff were required to complete if any hazard was noticed. For example; faulty light switches and trip hazards.

There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. The practice also had other risk assessments in place to monitor safety of the premises such as health and safety and legionella.

We were able to review records to confirm all clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order.

There were arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure there was enough staff on duty.

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.
- A training schedule showed all staff were up to date with basic life support training.
- There was emergency equipment available, such as a defibrillator and oxygen.
- Emergency medicines were stored in a secure area which was easily accessible for staff. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results (2014/15) were 98% of the total number of points available, with 12% exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. This practice was not an outlier for any QOF or other national clinical targets. Data showed:

- 92% of patients diagnosed with dementia have received a face to face review in the preceding 12 months, compared to the CCG (87%) and national (84%) average.
- 98% of patients with diabetes had received a foot examination and a risk classification for potential problems, compared to 86% locally and 88% nationally.
- The percentage of patients with asthma, on the register, who had received an asthma review in the preceding 12 months, was 87%, compared to the CCG (75%) and national (76%) average.

The practice was participating in the year of care initiative and had adopted this model to effectively treat patients

with diabetes. This initiative aimed to encourage patients with long term conditions to work with the practice to understand their condition and select their own personal targets.

The practice had introduced a system of home monitoring for patients with hypertension. This enabled the patient to carry out tests at home and reduce the stress of undertaking tests in a clinical environment.

The practice ran childhood immunisation clinics twice a week with Health Visitors present for development checks and baby weighing. This was supported by a recall system for non-attenders resulting in the practice achieving targets in this area.

The practice had a system in place to check patients at high risk of dementia and had increased detection rates from 59% in April 2014 to 69% as at March 2015.

Additional services were provided at the practice for registered patients and patients referred from other practices. For example; minor surgery, non-benign gynaecology and an ear nose and throat clinic. These services were overseen by hospital consultants, reducing the number of patients attending hospital appointments and giving patients the choice to access care closer to home.

Clinical audits demonstrated quality improvement:

Clinical audits were undertaken by GPs and nurses within the practice.

- We reviewed two completed audits that had been completed in the last 12 months and confirmed improvements had been identified, implemented and monitored. For example; the use of oral diclofenac had been significantly reduced.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- Staff had received mandatory training that included safeguarding, fire procedures, infection prevention and

Are services effective?

(for example, treatment is effective)

control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics.

- Staff were supported to attend role specific training and updates. For example; a salaried GP at the practice was being supported through an ENT (ear, nose and throat) diploma at the time of our inspection.
- Individual training and development needs had been identified through the use of appraisals, meetings and reviews of practice development needs. Staff had access to in house and external training and e-learning. All staff had received an appraisal in the previous 12 months, with the exception of the managing partner/practice manager. We discussed this at the time of our inspection and were advised that this was something that would take place following our inspection.
- Staff told us they were supported by the practice to undertake any training and development.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to clinical staff in a timely and accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records, investigation and test results. Information such as NHS patient information leaflets were also available.

The practice were committed to ensuring information was entered onto the clinical system on the same day as it was received to ensure accurate information was available at all times. There was a system and dedicated time for daily correspondence and results management.

The practice used the Leeds Care Record to ensure information regarding health and social care was easily accessible.

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. This included when patients moved between services, such as when they were referred or after a hospital discharge. We saw evidence multidisciplinary team (MDT) meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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. All staff within the practice had received Mental Capacity Act training.

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. This is 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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them 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 and may have required additional support

The practice's uptake for the cervical screening programme was 89%, which was better than both the CCG and national average of 81%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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

The practice had a dedicated Well Being coordinator who worked with patients to live more independent lives in their own homes and avoid hospital admission. Patients would be signposted to other services such as luncheon clubs, food banks and voluntary organisations. As a result of this work the practice had been able to support patients, who had previously been isolated, to become involved in the community. For example; one patient had been isolated

Are services effective? (for example, treatment is effective)

due to mobility issues and loss of a close friend. With assistance from the Well Being coordinator they had been referred to Zest for Life, a voluntary organisation supporting patients to improve physical, mental and social wellbeing, and now attended a weekly luncheon club.

The work of the Well Being coordinator had been acknowledged by Zest for Life in a thank you letter stating the partnership working had been of benefit to patients.

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.
- 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.

Data from the January 2016 national GP patient survey showed respondents rated the practice comparable with local and national averages to the majority of questions regarding how they were treated. For example:

- 86% said the GP was good at listening to them (CCG average 91%, national average 89%).
- 83% said the GP gave them enough time (CCG average 88%, national average 87%).
- 96% said the last nurse gave them enough time (CCG average 93%, national average 92%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 91% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

All of the 25 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

During the inspection we spoke with four members of the patient reference group who were positive about the care they received at the practice. They told us how the practice engaged with them and their views and opinions were listened to. For example; the practice had introduced a new automated telephone system to overcome issues regarding appointments. The group had been involved in deciding what options should be available when patients used this system.

Care planning and involvement in decisions about care and treatment

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

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 comparable to local and national averages. For example:

- 83% said the last GP they saw was good at explaining tests and treatments (CCG average 87%, national average 86%).
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).

Staff told us that interpretation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice had a system in place to identify carers. All patients were asked at the time of registration if they were a carer. Any patient identified as a carer would be signposted to Carers Leeds.

The practice had developed a bereavement support pack for patients, which contained information and contact details of where to access further support. We were informed that if a patient had experienced a recent bereavement, they would also be contacted and support offered as needed and a bereavement card would be sent to the family of the deceased.

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 North Clinical Commissioning Group (CCG) to review the needs of its local population and to secure improvements to services where these were identified. For example they provided community based clinics for minor surgery, benign gynaecology and ear nose and throat (ENT).

- At the time of our inspection a salaried GP within the practice was undertaking a diploma to support the ENT service; this would provide additional capacity and reduce hospital attendance for patients.
- There were longer appointments available for people with a learning disability.
- Home visits were available for patients who could not physically access the practice.
- Urgent access appointments were on a daily basis for children and those with serious medical conditions.
- The practice had introduced dedicated telephone surgeries and booked telephone appointments.
- Early morning and evening appointments were available.
- There was a 24 hour automated telephone line for patients, enabling them to book, cancel, check and change appointments at a time convenient to them.
- The practice offered online facilities including appointment booking and ordering repeat prescriptions.
- Repeat prescriptions were available to patients 24 hours after receipt of request.
- There were disabled facilities and a hearing loop in place.
- Interpreter services were available for patients who did not have English as a first language.

The practice focused on pursuing hard to reach groups to involve them in diabetic education sessions, this was supported by a specialist dietician. An example of this was working alongside a local supermarket to host an informal evening where patients could discuss healthy eating options and review packaging on food labels.

The practice ran a travel health and vaccination clinic and was an authorised Yellow Fever Vaccination Centre. This service was provided privately at a cost to the patient.

Access to the service

The practice was open from 7.30am to 6pm Monday to Friday. Extended hours were provided from 6pm to 8pm on Monday evenings and 6pm to 8pm on alternate Wednesday and Thursday evenings. The practice closed at lunchtime on Thursday of every month for training, however appointments with GPs were offered from 4pm onwards following the training event.

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.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 75% of patients were satisfied with the practice's opening hours (CCG average 74%, national average 75%).
- 71% of patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 58% of patients said they usually get to see their preferred GP (CCG average 60%, national average 59%).

Patients we spoke with on the day of inspection told us they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was information displayed in the waiting area to help patients understand the complaints system.
- The practice had produced an information sheet for patients outlining the complaints process and a complaints form to assist patients when making a complaint.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs? (for example, to feedback?)

- All complaints and concerns were discussed at the practice meeting and also raised with staff as appropriate.
- The practice kept a register for all complaints.

We looked at one complaint which had been received in the last 12 months. We found they had been appropriately handled and had identified any actions. Lessons were learnt and action was taken to improve quality of care as a result.

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 mission statement in place which identified the practice values. All the staff we spoke with knew and understood the practice vision and values. There was a robust strategy and supporting business plans in place which were regularly monitored.

Governance arrangements

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

- A clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and available to all staff
- A comprehensive understanding of practice performance
- A programme of continuous clinical and internal audit which was used to monitor quality and drive improvements
- Robust arrangements for identifying, recording and managing risks
- Priority in providing high quality care

Leadership and culture

The GP partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The provision of safe, high quality and compassionate care was a priority for the practice.

The provider was aware of and complied with the requirements of the Duty of Candour. Duty of Candour means health care professionals must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm. There was a culture of openness and honesty in the practice. There were systems in place for being aware

of notifiable safety incidents. We were informed that when there were unexpected or unintended safety incidents, patients affected were given reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place. Staff told us the GP was visible, approachable and took the time to listen. Systems were in place to encourage and support staff to identify opportunities to improve service delivery and raise concerns.

The practice had adopted a democratic leadership style and rotated tasks such as chairing practice meetings. This ensured all partners were involved in leadership and management within the practice. The practice also had a managing partner who had a good understanding of the practice and needs of the patients, providing effective leadership and direction.

The practice had expanded its workforce to accommodate an increase in patient list size, however maintained its family feel which was important to both patients and staff.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients through the patient reference group (PRG), the national patient survey, the NHS Friend and Family Test, complaints and compliments received.

In addition, the practice gathered service specific feedback from patients through internal surveys. For example; the minor surgery service and the ear nose and throat (ENT) service.

The practice also gathered feedback from staff through meetings, discussion and the appraisal process. Staff told us they felt involved and engaged in 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.

Are services well-led?

Good 

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

Staff within the practice were committed to continuous learning and improvement and had active roles within Leeds North Clinical Commissioning Group (CCG), Leeds Medical Committee (LMC) and the practice managers group.