

Woodroyd Centre - Longfield

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?	Requires improvement		
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 Woodroyd Centre - Longfield on 20 September 2016. Overall the practice is rated as good, and for providing effective, caring, responsive and well-led care for all of the population groups it serves. The practice is rated as requires improvement for providing safe services.

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

- 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. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients had good access to appointments, which included extended hours early morning, and in the evening.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. National GP patient survey results showed patient satisfaction rates for the majority of the questions were at the local CCG and national rates.
- There were effective safeguarding systems in place to protect patients and staff from abuse. There was evidence of shared learning with a wider team.
- There was a clear leadership structure, staff were aware of their roles and responsibilities and told us the GPs were accessible and supportive.
- We saw that systems and processes for medicines management and prescribing were not in place to keep patients safe. We found several examples where

Summary of findings

essential medicines had not been prescribed in a timely manner. We also found examples where some medicines had been prescribed in excess of recommended levels.

The area where the provider must make improvements is:

- The management of medicines within the practice was not always safe. The practice must have safe and effective systems in place to support the monitoring of prescribing patterns and the issuing of repeat prescriptions.

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 requires improvement for providing safe services.

Requires improvement



- We saw that systems and processes to protect patients from the risks associated with medicine and prescribing errors were not in place. We saw examples when essential medicines had not been prescribed in a timely manner. We also saw examples where repeat medicines had been issued over and above the recommended levels.
- The practice had a system for incident reporting. All staff were encouraged and supported to record incidents using the electronic reporting system. There was evidence of good investigation, learning and sharing mechanisms in place.
- 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 a safeguarding policy in place. Information and contact details of local safeguarding services were available for staff.
- The practice had employed a clinical pharmacist who supported the practice.
- 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). Regular IPC audits and checks of the building were undertaken.

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 evidence where clinicians undertook monthly reviews of NICE guidance and identified any actions the practice needed to take in respect of these.
- 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

- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care, English classes and an on-site community centre.
- Staff were proactive in promoting and offering cancer screening for bowel, breast and cervical and could evidence average uptake rates, compared to CCG and national figures. For example, cervical screening was 82% (CCG 81%, national 82%).
- Patients who were at risk of developing either chronic obstructive pulmonary disease or diabetes were invited for screening and healthy lifestyle advice.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with local and national averages.

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 lower than other practices for some questions regarding the provision of care, and lower than other practices in relation to other aspects of their 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.
- There was a carers' register and all carers were referred to carer services for additional support and advice suitable for their individual needs.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked with Bradford District 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 positive and rated the practice in line with local CCG and national practices. For example, 74% of patients were satisfied with the surgery's opening hours (CCG 71%, national 76%).

Summary of findings

- The practice offered pre-bookable, same day and online appointments. They also provided extended hours appointments on a Monday. Telephone consultations and text message reminders were also available. Patients had good access to appointments, which included extended hours early morning from 7am, and on a Monday evening until 8pm.
- 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, for example housebound patients or those with complex conditions.
- 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.

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were systems in place for reporting notifiable safety incidents and sharing information with staff to ensure appropriate action was taken.
- There were governance arrangements in place. These included policies and systems to identify and minimise risk.
- A GP partner and practice manager 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.
- The practice proactively sought feedback through engagement with patients and their local community. There was an active patient participation group of eight members, who were encouraged to discuss ideas and suggestions to improve service delivery.
- Staff at all levels were encouraged to develop their skills and progress in their roles.
- The practice supported graduate doctors, who were in their second year of a foundation programme (FY2), to gain experience in general practice. (This is a transition period of practice between being a student and undertaking more specialised training.)

Good



Summary of findings

The six population groups and what we found

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

Older people

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

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. Yearly health reviews were offered for these patients and all had a named GP.
- All 75's and over will be offered same day appointments from 1st November 2016.
- Any patient who had not attended the practice in the preceding 12 months, was also invited for a health check.
- 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.
- Patients were signposted to other local services for additional support, such as 'carers resource', a local organisation which supported carers and helped them to combat the isolation and loneliness sometimes associated with caring for a family member or friend.

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 at high risk of an unplanned hospital admission. Care plans and support were in place for these patients.
- Longer appointments were available as needed.
- 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:
- 90% of patients diagnosed with COPD had received a review in the last 12 months (CCG average 90%, national average 90%)
- 76% of newly diagnosed diabetic patients had been referred to a structured education programme in the preceding 12 months (CCG average 79%, national average 76%)
- 75% of patients diagnosed with asthma had received a review in the last 12 months (CCG and national average 75%)

Summary of findings

- The practice had appointed a clinical pharmacist to work one day a week. Part of their role was to review patients who were prescribed medicines.
- The practice clinical staff had regular updates for long term conditions. Updates were recorded on the shared drive. Staff were emailed details of all available study days and updates, and provision was made for them to attend and have protected learning time.

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.
- 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, including Monday evenings. Children were given priority access to on the day appointments.
- Babies who were prescribed specialist infant formulae were regularly reviewed. Feeding advice was offered during these consultations.
- We saw evidence of monthly meetings between the health visitor and lead GP for safeguarding, to discuss vulnerable children and those with complex needs. The health visitor was informed of all new children under the age of five who registered with the practice.
- The practice worked with midwives to support ante-natal and post-natal care.
- Uptake rates for all standard childhood immunisations were between 88% and 100%.
- Sexual health, contraceptive and cervical screening services were provided at the practice.
- 82% of eligible patients had received cervical screening in the preceding five years (CCG average 75% 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).

Good



Summary of findings

- 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 8am to 6:30pm, with 7am to 8pm opening on Mondays. The practice also provided telephone consultations, online booking of appointments and ordering of prescriptions.
- 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 over 40 who did not have a pre-existing condition.
- The practice offered sexual health advice and a full range of contraceptive services, including the fitting and removal of long-acting reversible contraceptives (LARC).
- 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.
- Patients were signposted to other agencies for additional care and support as needed. We saw there were notices displayed in the patient waiting area informing patients how they could access various local support groups and voluntary organisations.
- The practice held a register of patients living in vulnerable circumstances including those who had a learning disability and patients who act in the capacity of a carer.

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.

Good



Summary of findings

- Patients and/or their carer were given information on how to access various support groups and voluntary organisations.
- 88% of patients diagnosed with dementia and 94% 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 comparable to the CCG and national averages of 84% and 90% respectively.
- Staff had received dementia friendly training and good demonstrate a good understanding of how to support patients with dementia or mental health needs.
- Patients who were at risk of developing dementia were screened and support provided as necessary.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice offered fortnightly disability clinics.

Summary of findings

What people who use the service say

The national GP patient survey (July 2016) distributed 363 survey forms of which 80 were returned. This was a response rate of 22% which represented less than 1% of the practice patient list. The results for the practice, had showed that patient averages were lower than local and national averages. For example:

- 71% of respondents described their overall experience of the practice as fairly or very good (CCG 80%, national 85%)
- 58% of respondents said they would recommend their GP surgery to someone who has just moved to the local area (CCG 73%, national 78%)
- 44% of respondents described their experience of making an appointment as good (CCG 63%, national 73%)
- 72% of respondents said they found the receptionists at the surgery helpful (CCG 84%, national 87%)
- 92% of respondents said they had confidence and trust in the last GP they saw or spoke to (CCG 95% and national 95%)
- 91% of respondents said they had confidence and trust in the last nurse they saw or spoke to (CCG 90%, national 92%)

The practice had completed their own patient survey in March of 2015. The results of the survey showed that although 100 surveys were handed out to patients over a period of two months only 40 were completed. As a result the PPG had offered to support the practice in both the design of the questionnaire and the distribution and collection for the next planned round of questionnaires in order to get a better uptake. From the results of the survey the following points were highlighted.

- Most of the patients who had completed the questionnaires felt that the practice provided a good service with polite and considerate GP's and Staff.
- There was some negative response to the ease of getting through on the phones, however the practice had addressed this issue several times by altering the queue number that the system holds. There was also a high percentage of responses highlighting a difficulty to speak to the GP or Nurse on the phone as well as the process of booking an appointment.

However the results also showed that most patients who made appointments were seen the same day and were happy with how quickly they were seen and also that the wait time for consultation was satisfactory.

The practice had addressed issues around appointments by introducing "Pharmacy First" for minor illness which released appointments within the practice for patients with more acute and long-term conditions. The practice was to pilot a walk in clinic on Wednesday mornings. They also had plans in place to employ a part time nurse practitioner to help with the demand for appointments. When asked whether or not they would recommend the practice to family and friends, those that answered said yes.

As part of the inspection process we asked for Care Quality Commission (CQC) comment cards to be completed by patients. We received one comment card which was positive, using the words brilliant, dedicated and great to describe the service and care they had received. They stated they felt listened to and said staff were helpful. We also spoke with 15 patients on the day; all of whom were very positive about the staff and the practice.

Areas for improvement

Action the service MUST take to improve

- The management of medicines within the practice was not always safe. The practice must have safe and effective systems in place to support the monitoring of prescribing patterns and the issuing of repeat prescriptions.

Woodroyd Centre - Longfield

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a CQC Lead Inspector and a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Woodroyd Centre - Longfield

Woodroyd Centre - Longfield is registered with the Care Quality Commission (CQC) and is a member of the Bradford District Clinical Commissioning Group (CCG). General Medical Services (GMS) are provided under a contract with NHS England. They offer a range of enhanced services, which include:

- extended hours access
- improving patient online access
- delivering childhood and influenza vaccinations
- facilitating timely diagnosis and support for people with dementia
- identification of patients with a learning disability
- identification and follow up of patients who had an unplanned hospital admission, reviewing and coordinating their care needs

The practice is located at:

Woodroyd Road

West Bowling

Bradford

BD5 8EL

The building is situated next to a pharmacy with a dedicated car park and some on street parking. There is a reception area with a patient waiting area. There was disabled access.

The practice currently has a patient list size of 4,500 which is predominantly white British. The practice catchment area is classed as being within one of the lesser deprived areas in England. The patient demographics deviate from local and national averages in some areas.

The partners consist of two GPs (one female, one male) and a female practice manager. Other clinical staff include two practice nurses, a pharmacist and a health care assistant; all of whom are female. Clinicians are supported by a team of reception, administration and secretarial staff who are managed by a site supervisor.

The practice is open as follows:

Monday, 7am to 8pm

Tuesday to Friday 8am to 6:30pm

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 and community groups.)

The practice supports graduate doctors, who are in their second year of a foundation programme (FY2), to gain experience in general practice. (This is a transition period of practice between being a student and undertaking more specialised training.)

Detailed findings

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 Bradford District 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 20 September 2016. During our visit we:

- Spoke with a range of staff, which included both of the GP partners, the practice manager, the assistant practice manager, a practice nurse, administration staff, pharmacist and the health care assistant.

- Reviewed questionnaire sheets which were given to three administration staff, a practice nurse and the health care assistant prior to inspection.
- Reviewed one CQC comment card and spoke with patients regarding the care they received and their opinion of the practice.
- 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 a system in place for reporting and recording significant events.

- There was a culture of openness, transparency and honesty.
- The practice was aware of their wider duty to report incidents to external bodies such as Bradford District CCG and NHS England. This included the recording and reporting of notifiable incidents.
- 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 saw evidence these were also discussed in practice meetings. 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.
- 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 some 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. The health visitor regularly attended the practice and any child safeguarding issues or concerns were communicated to them. We saw evidence of meeting records to support this.

- 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.
- 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 IPC. The practice nurse was the nominated lead for infection prevention and control (IPC). They undertook regular checks of the building and we saw evidence that yearly IPC audits had taken place and action had been taken to address any improvements identified as a result.
- We reviewed four 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.

Medicines management

The systems and processes to ensure the safe prescribing of medicines were not implemented effectively to ensure patients were kept safe.

We found evidence that a patient requiring an essential regular medicine was not supplied with the necessary prescription. As a result the patient did not receive three weeks of treatment of this medicine. We also found evidence that a patient had been prescribed a regular medicine in quantities higher and more frequently than the recommended levels. During the inspection we were informed that the CCG and NHS England were investigating these and other issues and were developing an action plan to prevent future recurrences of such incidents. This included occasions when instructions for medication changes from hospital consultants had not been carried out by the practice.

Are services safe?

During the inspection we checked several patient's records and found that they were not always prescribed the correct dose of medication by a GP. We saw that repeat prescriptions had been supplied without a review of the patient having been undertaken. This presented a risk to those patients as their prescribed medicines had not been reviewed in a timely manner.

We informed NHS England of our findings. They met with the practice shortly after our inspection and confirmed that they had discussed the concerns raised regarding prescribing with the GP and reviewed patient records. They too identified some concerns, however reported that overall there was no serious risk to patient safety found as a result of these errors.

We also found that:

- 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 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 being trained to administer vaccines or medicines against a patient specific direction (PSD). (PSDs are written instructions for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.)
- There were effective arrangements in place for managing emergency drugs and vaccinations. We saw records to show that monthly checks were undertaken to ensure emergency equipment was fit for purpose and that medicines held were in date.

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. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff worked flexibly to cover any changes in demand, for example annual leave or sickness. Admin staff rotas were given to staff one month in advance. Clinical staff had monthly rotas on the clinical system. All holiday requests were administered by the assistant practice manager and adequate cover was maintained.

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 to all staff on the shared IT system.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

There were systems in place to keep all clinical staff up to date with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

We saw evidence where clinicians undertook monthly reviews of new and existing NICE guidance and identified any actions the practice needed to take in respect of these.

Patients' needs were assessed and delivered care in line with best practice guidelines. 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.

The most recent published results (2014/15) showed the practice had achieved 96% (same as the CCG average and 1% higher than the national average) of the total number of points available, with 6% 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, 86% of patients on the diabetes register had a recorded foot examination completed in the preceding 12 months; which was in line with the CCG and national averages of 88%.
- Performance for mental health related indicators was higher than the CCG and national averages. For example, 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months (CCG and national average 88%).

The practice used clinical audit, peer review, local and national benchmarking to improve quality. They

benchmarked their performance against the local 'practice MOT' tool which compared data such as accident and emergency attendance, referral rates and elective admissions across the practices in Leeds West CCG.

We saw there had been four clinical audits completed in the previous two years. We reviewed a two cycle audit. We saw that all stages of the audit had been completed and could demonstrate where improvement had been identified and sustained. We saw evidence where the audit had been shared with the wider team. For example:

- An audit had been completed on the use of Salbutamol. 14 patients were identified as potentially over-using this medicine. This number was reduced by reviewing nine of these patients and an annual audit had been set up to keep this area under review. (Salbutamol is used to treat or prevent bronchospasm in patients with asthma, bronchitis, emphysema, and other lung diseases).

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, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics.
- Staff 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.
- There was an information pack made available to all GP locums.

Are services effective?

(for example, treatment is effective)

- The practice supported graduate doctors, who were in their second year of a foundation programme (FY2), to gain experience in general practice. (This is a transition period of practice between being a student and undertaking more specialised training.)
- The GPs were up to date with their revalidation and appraisal.
- The practice nurses were up to date with their nursing registration. They were receiving support to fulfil their revalidation requirements.

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, such as the community matron and palliative care nurse, to understand and meet the complexity of patients' needs and to assess and plan on-going 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 monthly basis.

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.

The practice provided a workshop on healthy eating and living in August 2016. Patients were shown how to cook food using a healthy method.

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.

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 all higher than the local CCG and national averages:
- cervical screening in the last five years was 82% (CCG 81%, national 82%).
- breast screening in females aged 50 to 79 in the last 36 months was 62% (CCG 67%, national 73%).
- bowel screening for patients aged 60 to 69 in the last 30 months was 42% (CCG and national 55%).
- Carried out immunisations in line with the childhood vaccination programme. Uptake rates were higher than the CCG and national averages. For example, vaccination rates for children aged up to 24 months ranged from 88% to 100% and 91% for five year olds (CCG average 96%).
- Provided patients access to appropriate health assessments and checks. These included NHS health checks for people aged over 40. 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.

Are services effective?

(for example, treatment is effective)

- The patient participation group (PPG) produced a seasonal newsletter, incorporating practice information and health advice, which was made available for patients as a paper copy in the reception area.

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.

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

- 85% of respondents said the last GP they saw or spoke to was good at listening to them (CCG 88%, national 89%)
- 78% of respondents said the last GP they saw or spoke to was good at giving them enough time (CCG 86%, national 87%)
- 72% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG 85%, national 85%)
- 88% of respondents said the last nurse they saw or spoke to was good at listening to them (CCG 90%, national 91%)
- 91% of respondents said the last nurse they saw or spoke to was good at giving them enough time (CCG 90%, national 92%)
- 82% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG 91%, national 91%)

From the practice's own patient survey conducted in 2015 showed better results. For example:

- 95% of respondents said that the GP was good at keeping their information confidential.

- 95% of respondents said that they were happy to see the GP again

We received one comment card which was positive, using the words brilliant, dedicated and great to describe the service and care they had received. They stated they felt listened to and said staff were helpful. We also spoke with 15 patients on the day; all of whom were very positive about the staff and the practice. We also spoke with 15 patients on the day; all of whom were positive about the staff and the practice.

Care planning and involvement in decisions about care and treatment

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

- Interpretation and translation services were available for patients who did not have English as a first language.
- There was access to British Sign Language (BSL) interpreters for those patients who had a hearing impairment and could sign. There was also a hearing loop available.
- There were information leaflets and posters displayed in the reception area available for patients. Patient information could be printed in large font for those patients with visual impairment.
- The choose and book service was used with all patients as appropriate. These appointments were booked by the clinician at the time of the consultation. This allowed the patient the opportunity to opt for treatment at a hospital of their choice and at a time suitable for them.

Patients told us they felt listened to and supported by staff and felt involved in making decisions about the care and treatment they received. They felt they had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Data from the national GP patient survey showed respondents rated the practice lower than local and national practices. For example:

- 70% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG 81%, national 82%)
- 81% of respondents said the last GP they saw was good at explaining tests and treatments (CCG 86%, national 86%)

Are services caring?

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

From the practice's own patient survey conducted in 2015 showed better results. For example:

- 95% of respondents said that the GP was good at keeping their information confidential.
- 95% of respondents said that they were happy to see the GP again

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. At the time of our inspection the practice had identified 68 carers, which equated to 2% of the practice population. Additional support was provided either by the practice or by signposting patients to other services as needed.

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. At the time of our inspection there were five patients on the palliative care register. We saw evidence of care planning to support end of life care. Staff told us that if families experienced the bereavement of a registered patient a condolence card was sent.

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 Bradford District 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 and children who were in need.
- Telephone consultations.
- Longer appointments as needed.
- Travel vaccinations which were available on the NHS.
- 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 and colds)

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

Access to the service

The practice was open as follows:

- Monday, 7am to 8pm
- Tuesday to Friday 8am to 6:30pm

Appointments could be booked up to four weeks 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 lower with regard to access, comparable to other local and national practices. For example:

- 74% of respondents were fairly or very satisfied with the practice opening hours (CCG 71%, national 76%)
- 43% of respondents said they could get through easily to the surgery by phone (CCG 61%, national 73%)
- 83% of respondents said the last appointment they got was convenient (CCG 89%, national 92%)

From the practice's own patient survey conducted in 2015 showed better results. For example:

- 48% of respondents said they could get through easily to the surgery by phone

Patients' told us they could get an appointment when needed and were happy regarding the practice's opening hours.

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.
- We saw evidence that complaints and concerns were discussed at the practice meetings.
- There was information displayed in the waiting area, in the practice leaflet and on the website, to help patients understand the complaints system.

We reviewed complaints received in the last 12 months. We found they had been satisfactorily handled. Lessons had been learned and action taken to improve quality of care. For example, in response to a letter received from a patient's solicitor the practice had raised with all staff the importance of record keeping and documenting information.

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 vision and 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 with dignity, respect and honesty.
- To act with integrity and confidentiality.
- To work in partnership with patients to protect and promote their overall health and wellbeing.
- To provide patients and staff with an environment which is safe and effective.

There was a mission statement, which stated they would “To the Right Person – Right Care – Right Place – Right Time”.

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 enthusiasm and manner when speaking to them about the practice, patients and delivery of care.

Governance arrangements

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

- A good understanding of staff roles and responsibilities. Staff had lead key areas, such as safeguarding, prescribing, infection prevention and control and dealing with complaints and significant events. We did identify some concerns with the management of medicines, including the prescribing of some medicines and the systems in place for the issuing of repeat prescriptions.
- Practice specific policies were implemented and available to all staff via the computer.
- 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.
- Arrangements in place 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. A recent example was when the telephones in the practice were faulty all calls were directed to the practice manager’s mobile phone.

Leadership and culture

There was a clear leadership structure in place and staff told us one of the GPs and practice manager were approachable and they felt respected, valued and empowered.

On the day of inspection one of the GP partners and managers 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:

- Clinician and non-clinical meetings being held.
- Minutes for meetings, such as practice, multidisciplinary, palliative care and safeguarding.
- An all-inclusive team approach to providing services and care for patients.

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 group consisted of eight members and had dates to meet on a face to face basis. We spoke with one member of the PPG after the inspection via telephone and they told us that the improved notice board, play area for children and fish tank were all suggestions made by the PPG that the practice adopted.

Are services well-led?

Good 

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

- The NHS Friends and Family Test (FFT), complaints and compliments received.
- The practice also had dedicated notice boards for patient information in the waiting area.
- 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.
- The practice has a strong PPG group and with this support the practice intend to hold quarterly events. The practice manager and the practice dedicated PPG staff members had met with the Trident community team to start discussions around ideas for the next event. The PPG planned to meet in the week following our inspection, to start developing a plan of action for the next event focusing on dementia and general mental health wellbeing.
- The practice has registered and accesses the Primary Care Web Tool which reviewed information about the practice and was used by the CCG to identify and necessary improvements in performance. The practice was engaging with the CCG and was producing an action plan. We saw a copy of the previous action plan for review in 2014.
- The practice participated in the Avoiding Unplanned admissions Enhanced Service and reported quarterly and bi- annually to the area team as per requirements of the Enhanced Service. The practice reported any recommendations to the area team and the CCG where necessary.
- The practice had successfully bid for funding to set up a project with the community around healthy hearts. The project incorporated a large scale community event which brought together services such as alcohol prevention, smoking cessation, nutrition and diet, health checks and exercise and self-care groups. The aim was to raising awareness about heart health and wellbeing.

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:

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not always provided in a safe way. The management of medicines within the practice was not always safe.</p> <p>The practice did not have safe and effective systems in place to support the monitoring of prescribing patterns and the issuing of repeat prescriptions.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>