

Craven Road Medical Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Craven Road Medical Practice on 9 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety. The practice was proactive in reporting prescribing and medicines alerts on the local incident reporting system. An internal system for reporting, disseminating, acting upon and reviewing learning from all significant events was also in place.
- Risks to patients were assessed and well managed. The practice had sought input from a specialist health and safety consultancy, which carried out risk assessments and completed all health and safety policies and protocols.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. We saw evidence that new clinical and local guidelines were assessed, reviewed and disseminated in an efficient

manner, and that necessary changes to practice were implemented quickly. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP, but not necessarily the GP of their choice. Daily walk-in appointments were available with the nurse practitioner at the Craven Road site. Urgent appointments were available the same day and pre-bookable appointments could be made up to four weeks in advance.
- The practice had two sites; Craven Road Medical Centre and Holly Bank Surgery. Both sites had good facilities and were well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- The practice provided evidence of how they had effected change in care pathways for secondary care services, which enhanced the effectiveness of management of patients with long term conditions. These changes meant that patients' conditions were managed safely and effectively, and in line with up to date clinical and medicines management guidelines.

- The practice provided care for asylum seekers and victims of human trafficking in conjunction with local third sector (charitable) support services. The practice gave examples to evidence where outcomes for this group of patients had been improved by support from the practice. For example by ensuring children received the necessary vaccinations and immunisations in a timely way and supporting patients who had experienced extreme mental and physical trauma to rebuild their lives and begin accessing work or education.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice provided evidence of how they had effected change in care pathways for secondary care services, which enhanced the effectiveness of management of patients with long term conditions. For instance, insulin prescribing guidelines had been changed and adopted locally for patients discharged from secondary care, following input from the practice. Additionally, the local pathology laboratory had amended their protocol for normal range of HbA1C levels after the practice had informed them of the latest NICE guidance in relation to these. (HbA1C levels increase in the blood as blood glucose levels increase).
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The staff appraisal process had recently been improved. At the time of our visit most staff had received their appraisal within the preceding 12 months and plans were in place for the completion of the two remaining staff members to complete theirs.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice gave examples of where they had 'gone the extra mile' for example by arranging for kennel housing for the pet of a patient who needed to go into hospital.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds West Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they participated in local quality improvement projects such as the local prescribing initiative. We were shown evidence that this had streamlined the prescribing patterns for antibiotic prescribing. The CCG had also been successful in obtaining funding from the Prime Minister's 'Challenge Fund' and the practice was looking at using this funding by making better use of technology to improve the level of service received by patients.
- Patients said they found it easy to make an appointment with a GP, although not necessarily with the GP of their choice. Walk-in appointments were available each morning with a nurse or GP at the Craven Road site. Urgent appointments were available the same day and pre-bookable appointments could be made up to four weeks in advance.
- Practice nurse appointments were routinely provided on Saturday mornings at the Holly Bank site. These were in addition to weekend appointments between 8am and 4pm with a GP provided via the shared resource of the locality hub.
- The practice had good facilities on both their sites, and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- The practice provided care for asylum seekers and victims of human trafficking in conjunction with local third (charitable) sector support services. The practice had identified a dedicated GP to work with this group of patients. They were able to access same day appointments, up to an hour in length due to the complexity of their needs. Interpreter services were used when necessary during these appointments. The practice gave us examples of how patient outcomes had improved following support from the practice.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had found it difficult to engage their patients to contribute to their participation group, and at the time of our visit had recently contacted all registered patients encouraging them to participate in the group. Fifty patients, representative of the practice's demographic profile had expressed an interest, and a full re-launch was planned for September 2016.

Good



Summary of findings

- The practice was a training practice, supporting GPs wishing to specialise in General Practice medicine. In addition recently qualified doctors were supported to gain experience in general practice. Staff at all levels were encouraged to develop their skills and progress in their roles.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had identified 2% of their patients at higher risk of unplanned hospital admissions, and made contact to review their needs following discharge from hospital.
- The practice encouraged patients to attend for bowel and breast cancer screening tests. However, uptake was lower than local and national averages. In the preceding 36 months 63% of eligible women had completed a breast screening test, compared to 69% locally and 72% nationally, and 48% of eligible patients had completed a bowel screening test in the preceding 30 months, compared to 58% locally and nationally. The practice were working with four local practices to try to improve uptake. A cancer screening champion had been appointed in the practice to engage with patients and educate them on the importance of these tests.
- The practice held a register of housebound patients. They provided evidence which showed that 100% of these patients had received a health check in the preceding year.
- The practice worked with 'Caring Together' a local organisation which supported older people and helped to combat the isolation and loneliness sometimes associated with later life.

People with long term conditions

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

Good



- GPs had been identified as clinical leads for managing the care of people with long-term conditions, supported by nursing staff and health care assistants (HCAs). Patients at risk of hospital admission were identified as a priority.
- 77% of patients with diabetes had a recorded cholesterol level which was within normal limits, compared to the CCG and national average of 81%.
- The practice was participating in a local project aimed at identifying those patients at high risk of developing diabetes, and offering proactive diagnosis and treatment.

Summary of findings

- The practice had recently appointed a clinical pharmacist to work one day a week with the practice, to review those patients with cerebro-vascular disease and taking anti-coagulant medicines, to rationalise treatment packages for this group of patients.
- Longer appointments and home visits were available when needed.
- The practice made use of the 'House of Care' model when working with patients with diabetes, to enable patients to make decisions about their care and treatment. This model was being rolled out to other long term conditions following additional nurse training.
- The practice had access to a health trainer who offered support for people seeking to enhance their health and well-being through increasing their activity levels and reducing their weight.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk; for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Children were given priority access to on the day appointments.
- Both sites provided children's play areas as well as baby changing and breast feeding facilities.
- The practice had recently reinstated monthly meetings with the health visitor to discuss children and families who had more complex needs. Staff gave us examples of when joint working with health visitors had been effective.
- Midwifery clinics were held at the practice for antenatal and postnatal appointments.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were available on the day for those patients requiring urgent medical assessment. In addition daily 'walk-in' appointments were available at the Craven Road site with a nurse practitioner or GP. Other appointments could be booked up to four weeks in advance
- The practice was open between 7am and 7pm Monday to Friday. In addition, there was access to weekend appointments with a GP provided by the locality hub between 8am and 4pm Saturday and Sunday. The practice offered nurse appointments between 8.30am and 12pm on Saturday at one of their sites for patients who were registered with the practice.
- The practice offered sexual health advice and the full range of contraceptive services, including the fitting of long-acting reversible contraceptives (LARC).
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Text reminders were sent to remind patients of their appointment date and time. The practice provided evidence which showed that 1,333 patients (12%) of the patient population had registered for online services.
- The CCG had been successful in obtaining funds from the Prime Minister's 'Challenge Fund' and the practice was exploring ways of using this funding to enhance patient experience through the use of technology; for example by tele-consultation.
- 74% of eligible women had received a cervical screening test in the preceding five years, which was lower than the CCG average of 79% and the national average of 82%.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including unpaid carers and those with a learning disability. The practice had identified 139 patients (1%) of the practice population as unpaid carers.

Summary of findings

- The practice informed vulnerable patients how to access various support groups and voluntary organisations such as 'Carers Leeds'.
- The practice offered longer appointments of 30 minutes for patients with a learning disability. Health Action Plans had been developed for use with patients with learning disabilities, giving details of personal preferences for health care and detailing medicine requirements.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had access to a benefits adviser to help patients with financial difficulties.
- The practice held a register of housebound patients. They provided evidence that 100% of these patients had received a health check in the preceding year.
- Staff gave examples of when they had provided supporting letters to patients experiencing difficulties such as those facing deportation or homelessness.
- The practice provided care for asylum seekers and victims of human trafficking in conjunction with local third sector support services. The practice had identified a dedicated GP to work with this group of patients. They were able to access same day appointments, up to an hour in length due to the complexity of their needs. Interpreter services were used when necessary during these appointments. The practice gave us examples of how patient outcomes had improved following support from the practice
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 91% of patients with schizophrenia or other psychoses had a completed comprehensive care plan documented in the preceding 12 months which is comparable with the CCG and national average of 88%.
- 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the CCG average of 83% and the national average of 84%.

Good



Summary of findings

- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- All staff in the practice had received 'Dementia Friendly' training.
- The practice gave patients experiencing poor mental health information about how to access various support groups and voluntary organisations. This included the 'Patient Empowerment Project' (PEP) which sought to encourage social inclusion and tackle loneliness and isolation.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results which were published in July 2016 showed the practice was performing in line with local and national averages. There were 374 survey forms distributed and 81 were returned. This represented 22% of the surveyed population and less than 1% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 78% and the national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%).

- 74% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 83% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Staff were described as kind and helpful, and the service received was described as excellent.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The most recent Friends and Family Test (FFT) results from July 2016 showed that 95% of surveyed patients were likely or extremely likely to recommend the practice to friends and family.

Outstanding practice

- The practice provided evidence of how they had effected change in care pathways for secondary care services, which enhanced the effectiveness of management of patients with long term conditions. These changes meant that patients' conditions were managed safely and effectively, and in line with up to date clinical and medicines management guidelines.
- The practice provided care for asylum seekers and victims of human trafficking in conjunction with local

third sector (charitable) support services. The practice gave examples to evidence where outcomes for this group of patients had been improved by support from the practice. For example by ensuring children received the necessary vaccinations and immunisations in a timely way and supporting patients who had experienced extreme mental and physical trauma to rebuild their lives and begin accessing work or education.

Craven Road Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience. Experts by Experience are independent individuals who have experience of using GP services.

Background to Craven Road Medical Practice

Craven Road Medical Practice has two sites; Craven Road Medical Centre, 60 Craven Road Leeds LS6 2RX and Holly Bank Surgery 1 Shire Oak Street Leeds LS6 2AF. The Craven Road site is situated approximately two miles north of Leeds City Centre. Holly Bank Surgery is situated just over one mile to the west of the Craven Road site. Both sites are modern, purpose built premises, both have full disabled access. Parking is limited at Holly Bank Surgery, but disabled parking spaces are available. The Holly Bank site is situated on the first floor of a purpose built building and access is gained by use of a lift. The building is shared with another GP practice. An independent pharmacy is also situated on the ground floor. Craven Road Surgery has adequate parking space, including disabled parking. All patient consultation rooms are situated on the ground floor at this site. There are currently approximately 11,000 patients on the practice list. A significantly higher than average percentage of patients are in the 20 to 29 year age group. Public Health England National General Practice profile shows the ethnicity of the practice population as predominantly white British, with 11% Asian, 6% Afro-Caribbean with 2% other non-white ethnic groups.

The practice provides Personal Medical Services (PMS) under a locally agreed contract with NHS England. They offer a range of enhanced services such as extended hours access, minor surgery and childhood immunisations.

The practice has six GP partners. Of these, two are male and four female. In addition there are three salaried GPs, one male and two female. At the time of our visit the practice was also supporting two female GP registrars. There is one female advanced nurse practitioner (ANP), five female practice nurses and three female health care assistants (HCAs). The clinical team is supported by a business partner practice manager, deputy practice manager, reception supervisor and a range of administrative, secretarial and reception staff. The practice had recently appointed a human resources manager to supplement the non-clinical team.

The practice catchment area is classed as being within one of the more deprived areas in England. People living in more deprived areas tend to have greater need for health services.

Average life expectancy for patients registered at the practice is 77 years for men and 81 years for women (CCG average is 78 years and 82 years respectively, national average of 79 years and 83 years respectively).

The practice is open between :

- 7am and 7pm Monday to Friday
- 8.30am and 12 midday on Saturday for nurse appointments
- In addition full weekend cover is provided through the shared resource of locality GP hubs between 8am and 4pm Saturday and Sunday

Weekly clinics are held which include sexual health and contraceptive services, minor surgery, child health surveillance and travel immunisations.

Detailed findings

Out of hours care is provided by Local Care Direct which is accessed by calling the surgery telephone number or by calling NHS 111 service.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders such as NHS England and Leeds West Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided before and during the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF), national GP patient survey and the NHS Friends and Family Test (FFT).

We carried out an announced visit on 9 August 2016. We visited both sites during the inspection.

During our visit we:

- Spoke with a range of staff including four GPs, two practice nurses and the business partner practice manager.
- Spoke with seven patients on the day and one member of the patient participation group (PPG) by telephone following the inspection day.

- We reviewed question sheets completed by 10 reception and administrative staff which had been completed ahead of our inspection.
- We observed communication and interaction between staff and patients, both face to face and on the telephone.
- We reviewed an anonymised sample of the personal care or treatment records of patients.
- We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- There was an open and transparent approach to safety. The practice was proactive in reporting prescribing and medicines alerts on the local incident reporting system. An internal system for reporting, disseminating, acting upon and reviewing learning from all significant events was also in place.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example when a patient was issued a prescription for an anti-coagulant medicine which should have been discontinued four months previously, the practice changed their processes to ensure that the number of repeat prescriptions allowed were clearly defined to prevent medicines being issued for too long a period without medical oversight. We noted that although minutes from meetings were comprehensive and detailed, they did not contain details of staff attending the meetings. The practice undertook to include this information in future meeting minutes, to enhance the process of information dissemination within the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three. The practice had identified patients who had been the victim of female genital mutilation (FGM) and had systems in place to follow up and support any patients affected in this way., They also monitored the welfare of girls and young women recently registered at the practice who may be vulnerable to this form of abuse.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical 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. Six monthly IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the chairs in the waiting area of the practice were noted to be stained. As a result regular steam cleaning of the upholstery of the chairs was arranged.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were appropriate (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines such as disease- modifying antirheumatic drugs (DMARDs). DMARDs are medicines that are normally prescribed to treat rheumatoid arthritis. They can have side effects which may affect the blood, liver or kidneys. Patients

Are services safe?

taking these medicines therefore need regular blood tests to check for side effects. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had recently appointed a clinical pharmacist to assist with monitoring the anti-coagulant medicines taken by patients with cerebro-vascular disease. One of the GPs was the prescribing lead for the CCG, and took a lead on medicines management issues within the practice. Blank prescription forms were securely stored and there were systems in place to monitor their use. The advanced nurse practitioner (ANP) had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Patient Group Directions are written instructions for the supply and administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Patient Specific Directions are written instructions, signed by a doctor, dentist or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office at both sites which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment

was checked to ensure it was working properly. Risks to patients were assessed and well managed. The practice had sought input from a specialist health and safety consultancy, which carried out risk assessments and completed all health and safety policies and protocols. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff worked to regular rotas, and staff worked across both sites of the practice. Staff worked within their own disciplines to provide holiday and sickness cover for each other.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the reception area at both sites.
- The practice had a defibrillator available on both premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We saw that the emergency medicine stock did not contain rectal diazepam. This is used in emergency situation to stop 'cluster' seizures in people with epilepsy. However we saw that the practice had considered this, and a risk assessment had been completed, which concluded that due to the proximity of the practice to local hospitals this medicine could be omitted from their medicine stock. All the medicines we checked were in date and stored securely.

Are services safe?

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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw evidence that new clinical and local guidelines were assessed, reviewed and disseminated in an efficient manner, and that necessary changes to practice were implemented quickly
- 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) showed the practice had achieved 97% of the total number of points available. (The CCG and national average is 95%). The exception reporting rate was 5% which was lower than the 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 due to side effects.

The practice had lower than average cervical, breast and bowel cancer screening rates. The practice acknowledged this, and described how they were trying to encourage better attendance by their patients. They felt the demography of the practice population was a factor, as well as a relatively high number of students who were registered at the practice, which meant there was a high turnover of patients on their list. The practice told us they were working closely with four neighbouring practices to

improve their cancer screening uptake. They had appointed a cancer screening champion within the practice, to engage with patients and educate them as to the value of such screening tests.

Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example 96% of patients with diabetes had received a seasonal flu vaccination in the preceding year, compared to 94% locally and 95% nationally.
- Performance for mental health related indicators was similar to the national average. For example 91% of patients with schizophrenia or other psychoses had a comprehensive care plan completed in the preceding 12 months, compared to 88% locally and 89% nationally.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years, one of these was a completed audit where the improvements made had been implemented and monitored. This included improving recall and monitoring processes for patients with chronic kidney disease (CKD). In addition a one cycle audit had been undertaken to check the appropriateness and cost effectiveness of the use of long-acting reversible contraceptives (LARC), such as contraceptive implants and intra-uterine devices.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice 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.
- Findings were used by the practice to improve services. For example, recent action taken as a result included streamlining and rationalising antibiotic prescribing patterns.
- The practice provided evidence of how they had effected change in care pathways for secondary care services, which enhanced the effectiveness of management of patients with long term conditions. For instance insulin prescribing guidelines had been changed and adopted locally for patients discharged from secondary care, following input from the practice.

Are services effective?

(for example, treatment is effective)

Additionally, the local pathology laboratory had amended their protocol for normal range of HbA1C levels after the practice had informed them of the latest NICE guidance in relation to these. (HbA1C levels increase in the blood as blood glucose levels increase). These changes meant that patients' conditions were managed safely and effectively, and in line with up to date clinical and medicines management guidelines.

- Information about patients' outcomes was used to make improvements such as assessing the appropriate prescribing of anti-coagulant medicines to patients with atrial fibrillation. Atrial fibrillation is a heart condition which causes an irregular and often abnormally fast heart rate.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had a comprehensive induction programme for all newly appointed staff, which included a competency based induction programme for nurses. Induction covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, information governance and confidentiality. There was a comprehensive induction/orientation pack in all clinical rooms to support locum GPs or other new starters at the practice.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work and facilitate professional development. Clinical supervision was provided informally on an ad hoc basis, or via their clinical and

nurse meetings. GPs had completed an up to date revalidation process. Nurses were receiving support from the nurse practitioner and the practice nurse lead in the locality, to support their revalidation requirements. The practice had recently introduced a more formal appraisal process. All but two staff had received an appraisal in the preceding 12 months. The remaining two staff had appraisal dates planned.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and locally provided training via the CCGs monthly 'target' training sessions.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made use of the 'Leeds Care Record' which aimed to provide a seamless service between community care, primary care and secondary care to improve patient experience of transferring between services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals such as palliative care nurses, community matrons and district nurses on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance such as Gillick competency. These are used in medical law to decide whether a child is able to consent to his or her own medical treatment without the need for parental consent or knowledge.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. Staff gave examples of when capacity to consent had been appropriately considered and handled.
- The process for seeking consent was monitored to ensure it met the practice's responsibility within legislation and followed national guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Weight management and smoking cessation services were available through the local 'One You Leeds' service.
- The practice had access to a health trainer who facilitated healthy lifestyle choices.
- Patients could access the 'Patient Empowerment Programme' (PEP) to help in alleviating loneliness and social isolation.
- Patients were able to access support from a benefits adviser to help patients experiencing financial difficulties.
- 'Carers Leeds' were able to provide additional support and advice to those patients who were acting as unpaid carers.
- 'Caring Together' worked with older people to help them combat loneliness and isolation sometimes associated with later life.

The practice's uptake for the cervical screening programme was 74%, which was lower than the CCG average of 79% and the national average of 82%. The practice demonstrated how they encouraged uptake of the

screening programme by ensuring a female sample taker was available. The practice acknowledged their cervical screening uptake was below local and national averages. The practice had a high proportion of patients who were students, and who were often registered with the practice for a relatively short time. Staff told us they utilised every patient contact to opportunistically promote the uptake of this test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, although uptake was lower than local and national averages. For example 63% of eligible women had been screened for breast cancer in the preceding three years, compared to the CCG average of 69% and the national average of 72%. In addition 48% of eligible patients had been screened for bowel cancer in the preceding three years, compared to the local and national average of 58%. The practice told us their patient demographics made encouraging patients to see the value of these tests more challenging. The practice described how they were trying to encourage better attendance by their patients. The practice told us they were working closely with four neighbouring practices to improve their cancer screening uptake. They had appointed a cancer screening champion within the practice to engage with patients and educate them as to the value of such screening tests.

There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 100% and five year olds from 90% to 100%. The national average for under two year olds is 96% and for five year olds is 92%.

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

Are services caring?

Our findings

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- During the inspection we noted that reception staff spoke with patients in a considerate and respectful manner.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We saw that both sites had a designated confidential interview room situated adjacent to the reception desk.

All of the 17 patient Care Quality Commission comment cards we received were 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.

We spoke with one member of the patient participation group (PPG) on the telephone in the days following our inspection, who also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Staff gave examples of when they had 'gone the extra mile' for patients, such as arranging kennel housing for the pet of a patient who had to be admitted to hospital for treatments.

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

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.

- 88% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. The practice made use of the 'Choose and Book' system which allowed patients to opt for treatment at the hospital of their choice and at a time to suit them. These appointments were booked by the GP or nurse practitioner in the presence of the patient, at the time of consultation. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.

Are services caring?

- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that telephone interpreter services were available for patients who did not have English as a first language. Online translation services were also used when appropriate. Staff also had access to British Sign Language (BSL) interpreters for hearing impaired patients.
- Both sites made use of a hearing loop for patients with hearing impairment.
- Patient information could be printed in large font for those patients with visual impairment.
- The practice website enabled patients to download information leaflets in a number of languages.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 139 patients as carers (1% of the practice list). Patients identified as carers were offered an annual health review and a seasonal flu vaccination. They were also given priority access to appointments. Written information was available to direct carers to the various avenues of support available to them, such as 'Carers Leeds'.

Staff told us that if families had experienced bereavement, a GP contacted them if appropriate and an appointment was offered if required. Reception staff sent bereaved families a condolence card. Families were also given additional information about support services available locally such as bereavement counselling services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds West Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice participated in their locality hub to provide access to seven day appointments with a GP.

- The practice offered extended hours, and was open between 7am and 7pm Monday to Friday. On Saturday patients were able to access appointments with a nurse between 8.30am to 12 midday at the Holly Bank site. This was in addition to access to GP appointments between 8am and 4pm on Saturday and Sunday which was provided via the shared resource of the locality hub.
- There were longer appointments available for patients with a learning disability or severe mental health problems.
- The practice provided care for asylum seekers and victims of human trafficking in conjunction with local third sector (charitable) support services. The practice had identified a dedicated GP for this group of patients. They were able to access same day appointments, up to an hour in length due to the complexity of their needs. Interpreter services were used when necessary during these appointments. The practice gave examples of how outcomes for patients had been improved through support from the practice, ranging from ensuring children received the necessary immunisations in a timely way, to supporting patients who had experienced extreme trauma to rebuild their lives and begin accessing work or education.
- Home visits, by GPs and nurses were available for housebound and very sick patients.
- Same day appointments were available for children and those patients with urgent medical need.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- The practice was registered as a Yellow Fever Centre and was able to provide yellow fever vaccinations to patients not registered at the practice.
- Both sites had disabled facilities. Hearing loops were available for use at both sites, and online and telephone translation and interpreter services were available, as well as interpreter for people with hearing impairment.

- Both sites had children's play areas, and breast feeding and baby changing facilities were available.

Access to the service

The practice was open between 7am and 7pm Monday to Friday. The practice was also open between 8.30am and 12 midday on Saturday for nurse appointments. The Craven Road site offered a daily walk in service each morning for appointments with the nurse practitioner or a GP. Seven day access to GP appointments was provided via the shared resource of the locality hub, with appointments available between 8am and 4pm on Saturday and Sunday. Practice appointments were available on the same day or could be booked up to four weeks in advance for routine appointments.

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.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 75%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.

People told us on the day of the inspection that 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.

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the practice information leaflet and in waiting areas of the practice.

The practice had received two complaints in the last 12 months. We looked at these and found they had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the

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

quality of care. For example, the practice had identified that patient satisfaction with waiting times to be seen was

lower than average. As a result they implemented a system whereby patients were notified if a clinician was running late. They were also directing the care of patients with long term conditions to nursing staff, to improve GP availability.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was to "provide a high standard of medical practice and care". This was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners and leadership team in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the partners and management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had found it difficult to engage their patients to contribute to their participation group, and at the time of our visit had recently contacted all registered patients encouraging them to participate in the group. Fifty patients, representative of the practice's demographic profile had expressed an interest, and a full re-launch was planned for September 2016. The practice had responded to patient concerns about the quality of the maternity services provided to the practice. As a result the practice had contacted managers of the service, seeking to improve the quality of service received by their patients.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they would feel able to give feedback and raise any issues with partners or management.

Continuous improvement

Are services well-led?

Good 

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

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example they had implemented the CCG scheme to identify patients at high risk of developing diabetes, had developed a

pre-diabetes register, and carried out regular monitoring and review of this group of patients. The practice had also recently undergone the Productive General Practice programme which had been instrumental in developing the workforce transformation work which they had undertaken.