

Hyde Park Surgery

Quality Report

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Date of inspection visit: 29 November 2016
Date of publication: 28/12/2016

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 Hyde Park Surgery on 29 November 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 and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- We saw that one member of staff had been employed without references having been obtained prior to appointment.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. 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.
- In the most recent patient satisfaction survey, 100% 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%.
- 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.
- The practice was open 8am to 8pm Monday to Friday. In addition patients were able to access appointments on Saturday and Sunday between 8am and 4pm, delivered via a reciprocal local 'hub' arrangement. Appointments could be booked up to three months in advance. In addition appointments were available on the day for those patients with more urgent needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by GP partners and 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.

Summary of findings

- The practice provided evidence to show that they had reduced opioid prescribing by 10% within a four month period supported by the West Yorkshire 'Campaign to Reduce Opioid Prescribing' (CROP) project.
- Review their recruitment processes and take steps to obtain appropriate references for all staff before appointment.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

However the provider should:

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.

- There was an effective system in place for reporting and recording significant events. All staff we spoke with were aware of this.
- Lessons were shared via regular staff meetings to make sure action was taken to improve safety in the practice.
- The practice told us that when there were unintended or unexpected safety incidents, the affected person received an open and transparent response, and where appropriate, an apology.
- We saw that due to limited previous employment history, one member of staff had been appointed without references having been obtained.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff gave examples to demonstrate they understood their responsibilities in relation to safeguarding vulnerable adults and children. Safeguarding leads had been identified in the practice.
- Practice specific policies were accessible to all staff via the practice computer system.
- The practice had a variety of risk assessments in place to keep staff and patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services.

- 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.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.

Staff worked with multidisciplinary teams to monitor risk, assess need and deliver appropriate treatment for those patients with more complex needs.

Good



Summary of findings

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 had identified 30 patients as unpaid carers. These patients were offered an annual seasonal flu vaccination, and an annual health check. They were also signposted to local support services for unpaid carers.

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 Clinical Commissioning Group to secure improvements to services where these were identified. For example, they had taken part in the 'Aspire' project overseen by the University of Leeds. This sought to improve identification and treatment of patients with Type two diabetes. The practice showed us evidence which indicated that their outcome measures had improved as a result of this project.
- Patients said they found it easy to make an appointment. On the day of inspection we saw that an appointment with a named GP was available on the same day. The practice was able to evidence continuity of care. Appointments could be booked up to three months in advance. Urgent appointments were available on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was a single storey building, and all consultation rooms were accessible by patients using wheelchairs.

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

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for all patients. Staff we spoke with understood the ethos of the practice and their responsibilities in relation to it.
- The practice had a clear leadership structure in place. Staff told us they felt supported by GP partners and management. The practice had a number of policies and procedures to govern activity and held regular clinical and staff 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 patient participation group was active.
- The practice gave examples of how staff had been encouraged and supported to develop in their role and progress onto new 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.

- 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.
- GPs worked with district nursing teams to regularly review the needs and plan care for older people with more complex needs.
- The practice had identified 2% of their population at greater risk of unplanned hospital admission. Those patients who had attended accident and emergency or had a hospital admission were reviewed on a monthly basis, and following discharge from hospital were contacted by the GP within 48 hours of discharge. Their needs were reviewed, and any necessary changes to medications or care plans were made

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 90% of patients with chronic obstructive pulmonary disorder (COPD) had received an influenza immunisation in the preceding year, compared to 98% locally and 97% nationally. COPD is a term used for a range of non-reversible lung disorders which impair normal breathing.
- Longer appointments and home visits were available when needed.
- The practice had recently introduced the 'Year of Care' model for diabetic patients. This encouraged patients to set their own goals for managing their condition, and actively involved them in their own care plans.
- The practice told us they were planning to introduce a system where the patient was invited to attend one appointment, where all their conditions were reviewed at the same time.
- The practice had participated in the University of Leeds led 'Aspire' project. This aimed to improve the identification and management of patients with Type two diabetes.

Good



Summary of findings

- 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, and described examples to demonstrate this.
- 89% of eligible women had received a cervical screening test in the preceding five years which is higher than the CCG average of 79% and national average of 82%.
- The practice was open between 8am and 8pm on Monday to Friday and between 8am and 4pm on Saturday and Sunday provided by a reciprocal arrangement via a locality 'hub'. Baby changing facilities were available. Staff told us a room could be provided for breast feeding mothers if requested.
- We saw a handwritten testimonial provided by the midwife attached to the practice. This described the practice as supportive and effective, with good communication between practice staff and midwife.
- Meetings with health visitors were held at irregular intervals due to recent changes in the health visiting service. Practice staff told us the health visitor updated the practice on a monthly basis on children who were subject to child safeguarding plans. These are plans where health, social care and other services work together to keep children safe. At the time of our visit the practice had nine children on a child safeguarding plan.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been acknowledged. The practice was open

Good



Summary of findings

between 8am and 8pm Monday to Friday, and between 8am and 4pm on Saturday and Sunday provided by a reciprocal arrangement via a locality 'hub'. Working age people were offered early morning and evening appointments to meet their needs.

- The practice had a high proportion of young people registered, many of whom were students. The practice had links with the student halls of residence to support the welfare of students. The practice attended the university during 'Fresher's Week' to encourage registration with local practices.
- The practice offered online access to book or cancel appointments, request repeat prescriptions or access health information. We saw that 3,130 patients (31% of the practice population) had registered for online access.
- The practice sent text reminders to patients, advising them of appointment times.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with more complex needs.
- The practice told us that a high proportion of their patients did not have English as a first language. A telephone interpreter service was used regularly. Longer appointments were offered for these patients.
- The practice had input into two local bail hostels, and a number of women's refuges. In collaboration with other professionals they offered support to this group of patients.
- A proportion of the practice population had alcohol or substance misuse dependency problems. The practice hosted an addiction therapist clinic weekly delivered by a local service. The practice provided evidence to show that they had reduced opioid prescribing by 10% within a four month period supported by the West Yorkshire 'Campaign to Reduce Opioid Prescribing' (CROP) project.
- Clinical staff were trained to provide 'brief interventions' for patients with alcohol related issues.
- The practice participated in the local blood borne viruses pilot. Newly registered patients and those identified as vulnerable were offered screening for HIV, Hepatitis B and C.

Good



Summary of findings

- Staff demonstrated they knew how to recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People 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).

- 100% 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 local and national averages of 87% and 84% respectively
- 85% of patients with schizophrenia or other psychoses had had their blood pressure recorded in the preceding 12 months, which is lower than the local average of 88% and the national average of 89%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had access to 'Improving Access to Psychological Therapies' (IAPT) services. Patients were able to self-refer, or be referred by a clinician.
- The practice carried out advance care planning for patients with dementia.
- The practice gave patients experiencing poor mental health information about how to access various support groups and voluntary organisations.
- The practice followed up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Staff demonstrated they were aware of how to support patients with mental capacity issues. They had received appropriate training via their protected learning time arrangements

Good



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 above local and national averages. There were 371 survey forms distributed and 80 were returned. This represented 22% of the surveyed population and less than 1% of practice's patient list.

- 82% 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%.
- 95% 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 86% and the national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. Staff were cited as very professional, efficient and polite. The service was described as 'the best'. One card expressed difficulty in relation to accessing the surgery by telephone in the morning, but this had not detracted from their overall positive experience of the service.

We spoke with eleven patients during the inspection. This included two members of the patient participation group (PPG). All eleven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The Friends and Family Test (FFT) results in September 2016 showed that, of 47 respondents, 44 were either likely or extremely likely to recommend the practice to friends and family.

Areas for improvement

Action the service SHOULD take to improve

- Review their recruitment processes and take steps to obtain appropriate references for all staff before appointment.

Hyde Park Surgery

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 second CQC inspector and an Expert by Experience. Experts by experience are independent individuals who have experience of using health and social care services.

Background to Hyde Park Surgery

Hyde Park Surgery is situated at Woodsley Road, Leeds LS6 1SG. The practice is situated just under two miles north west of Leeds City Centre. The surgery is housed in purpose built premises, built approximately 40 years ago, and refurbished around 18 years ago. It is a single storey building. The practice has parking facilities, disabled access, and is accessible by public transport.

There are currently 9,981 patients on the practice list. The age profile of the practice shows a significantly higher than average number of people in the 15 to 34 year age group, and a significantly lower than average number of people in the 45 to 85 year age group. Public Health England national general practice profile shows the ethnic background of the patients as 18% Asian, 5% black, 2% other non-white ethnicity, and 5% mixed ethnicity. Eleven percent of the patient group are unemployed compared to the CCG and national average of 5%.

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

- Online patient access
- Enhanced services for patients with learning disabilities
- Childhood vaccination and immunisations
- Enhanced services to support patients with dementia

The practice has four GP partners, three female and one male. In addition there are two male salaried GPs. The clinical team is completed by three female practice nurses and two female health care assistants.

The clinical team is supported by a practice manager, assistant practice manager, reception supervisor and a range of administrative and reception staff. At the time of our visit the practice manager was absent from her role. The assistant practice manager was fulfilling the role, supported by the lead GP.

The practice is classed as being within the fourth most deprived decile in England. People living in more deprived areas tend to have greater need for health services.

The average life expectancy for patients at the practice is 80 years for women and 75 years for men. The CCG average is 82 years and 78 years respectively; and the national average 83 years and 79 years respectively.

The practice is open between 8am and 8pm Monday to Friday and between 8am and 4pm Saturday and Sunday as part of a reciprocal agreement delivered via a locality 'hub'.

Appointments with GPs are as follows:

- Monday 8am to 11.50am and 2.15 to 7.20pm
- Tuesday from 8am to 11.20am and 1pm to 7.20pm
- Wednesday from 8.30am to 11.50am and 1pm to 7.50pm
- Thursday from 8am to 11.50am and 2pm to 7.50pm
- Friday from 8am to 12.30pm and 2pm to 7.20pm

Detailed findings

- Saturday and Sunday 8am to 11.20am and 12.15 to 3.35pm.

Weekly clinics are held which include asthma, diabetes and childhood immunisation clinics.

Out of hours care is provided by Local Care Direct which is accessed by calling the surgery telephone number, or by calling the 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 both before and during the inspection. We also reviewed the latest data from the Quality and Outcomes Framework (QOF), national GP patient survey and NHS Friends and Family Test (FFT) information. We carried out an announced visit on 29 November 2016. During our visit we:

- Spoke with a range of staff including two GP partners, one practice nurse, the assistant practice manager, one student nurse/health care assistant and one receptionist.
- In addition we spoke with 11 patients including two members of the patient participation group (PPG).

- 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.
- In addition we reviewed nine question sheets completed by administrative and reception staff which had been sent out prior to the inspection.
- We reviewed written testimonials provided by the community matron, midwife and a locum GP who worked with the practice.

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.

- Staff told us they would inform the practice manager or their deputy of any incidents. They completed an incident report form. The practice manager collated incidents and recorded them on the local incident reporting document. The incident recording form supported the recording of notifiable incidents under 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).
- 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 and shared learning with staff via staff briefings and meetings.

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, an incident occurred where patient confidentiality had been breached by a member of reception staff. As a result processes at reception were changed, and all staff were briefed on their new responsibilities in relation to this.

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 liaised with the health visitor and provided information or 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 were trained to child safeguarding level three. Nurses were trained to level two and other staff to level one.

- Notices in the waiting room and in clinical areas 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). Staff acting as chaperones recorded their details on the patient record.
- 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. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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. 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 and optimal prescribing. Blank prescription forms 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 and administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber.

Are services safe?

PSDs are written instructions, signed by a doctor; dentist or non-medical prescriber for medicines to be supplied and/or administered to named patients after the prescriber has assessed the patient on an individual basis.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken in most cases 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. In the case of a recently recruited member of staff, references had not been obtained. The practice had sought references, but since the working experience of the individual was limited, the practice had not been able to source appropriate people. The practice told us all newly appointed staff were closely monitored during an induction period. Newly recruited reception staff were employed on one year rolling contracts only. We saw the practice recruitment policy stipulated that two references were sought for all appointees. The practice told us this had been followed in every other case.

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 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. 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.

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, and panic buttons in clinical rooms to alert staff to any emergency or situation where staff were at risk.
- All staff received annual basic life support training. Emergency medicines and oxygen were available in the treatment room. All the medicines we checked were in date and stored securely.
- A first aid kit and accident book was available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The GP partners and practice management held a paper copy of the plan at home.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through 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 showed the practice had achieved 99% of the total number of points available with 8% exception reporting. CCG averages were 95% with 9% exception reporting. Exception reporting is the removal of patients from QOF calculations, where, for example, the patients are unable to attend a review meeting or when certain medicines cannot be prescribed due to side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was better than local and national averages. For example 96% of patients with diabetes, on the register, had a recorded foot examination completed in the preceding 12 months compared to 88% locally and 89% nationally.
- Performance for mental health related indicators was better than local and national averages. For example 92% of patients with schizophrenia or other psychoses had a comprehensive care plan documented in their record in the preceding 12 months compared to 85% locally and 89% nationally.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included increasing the numbers of patients with atrial fibrillation who were on appropriate anti-coagulation treatments. Atrial fibrillation is a condition of the heart which is characterised by an irregular and often very rapid heartbeat.

Information about patients' outcomes was used to make improvements such as improving numbers of newly diagnosed cancer patients being referred into specialist care within two weeks of diagnosis.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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. This included ongoing support and mentoring, informal clinical supervision and facilitation and support for revalidating GPs and nurses. All eligible staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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.

Staff worked together and with other health and social care services to understand and meet the needs of patients with complex health and social needs. They were able to assess and plan ongoing care and treatment needs. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Those patients identified as being at higher risk of unplanned hospital admission were contacted on a monthly basis by the responsible GP. These patients were contacted within 48 hours of any new hospital discharge by the GP in order to update care and treatment plans. Meetings took place with other health care professionals on a regular 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.
- 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 assess whether a child is able to consent to his or her own treatment without the need for parental knowledge or consent.

- 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.
- The process for seeking consent was monitored to ensure it met the practice's responsibilities 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.
- Clinicians had been trained in 'brief interventions' skills to support people with higher than recommended alcohol consumption.
- Practice nurses were able to provide stop smoking advice in house. Patients could also be referred local smoking cessation services.
- The practice hosted a clinic run by addiction therapists to support those people with substance misuse dependency issues.
- A local weight management group was able to provide support for patients seeking to reduce their weight.

The practice's uptake for the cervical screening programme was 89%, which was higher than the CCG average of 79% and the national average of 82%. There was a policy to offer three reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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 96% to 100% and five year olds from 88% to 100%. National averages are 96% for two year olds and 92% for five year olds.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

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

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

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very 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.
- We saw that conversations could be overheard at reception. Reception staff were aware of this and made efforts to maintain patient confidentiality when speaking at reception. All incoming calls were taken behind the main reception desk. A private room was available if patients wished to discuss their needs in confidence.

All of the 39 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 two members of the patient participation group (PPG). They 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.

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

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 100% 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%.
- 92% 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%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 96% 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. 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 above local and national averages. For example:

- 93% 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%.
- 89% 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%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

Are services caring?

- Staff told us that telephone interpreter services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Patient information could be printed off in larger font for patients with visual impairment.
- The practice had signed up to the 'Accessible Standards' mandate. All newly registered patients were asked to provide detail of any additional needs they had to enable the practice to better understand and accommodate these.

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 30 patients as carers (less than half of one percent of the practice list).

We asked the practice about any steps they were taking to improve their identification of carers. They said they had included a question on their registration form asking if newly registering patients acted in a caring role. They had placed a notice in the patient waiting area asking patients to inform the practice if they were a carer. They also checked with all patients in the 2% cohort of patients identified at high risk of hospital admission whether they had a carer. Any patients identified as carers were signposted to a local voluntary support group and the clinical record was updated to reflect their caring role.

Carers were also offered a seasonal flu vaccination and an annual health check.

Staff told us that if families had experienced bereavement, their usual GP contacted them if appropriate. The practice liaised with the district nursing team who carried out bereavement visits when indicated. Practice staff were able to provide details of local and national bereavement support groups if required.

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.

They participated in local quality improvement plans (QIPs) such as improving screening for diabetes. As a result they had identified a number of impaired glucose intolerance patients. They also participated in schemes to improve effectiveness in managing patients with high alcohol intake, and staff were trained to offer brief interventions therapy to these patients. Their involvement in the Campaign to Reduce Opioid Prescribing (CROP) campaign had resulted in a 10% reduction in opioid prescribing over a four month period.

- Longer appointments were available for patients with additional needs, such as those with a learning disability. Longer appointments were also available for patients requiring telephone interpreter services.
- Home visits were offered by GPs, nurses and health care assistants for housebound or very sick patients.
- Same day appointments were available for children and for those with urgent medical need.
- Patients were able to receive travel vaccinations available on the NHS.
- The premises were suitable for patients with mobility difficulties, or those who used a wheelchair.
- The practice offered online access to book or cancel appointments, request repeat prescriptions or access health information. We saw that 3,130 patients (31% of the practice population) had registered for online access

Access to the service

The practice was open between 8am and 8pm Monday to Friday. In addition the practice was open between 8am and 4pm on Saturday and Sunday as part of a reciprocal agreement within the locality 'hub'. Appointments could be booked up to three months in advance. Same day appointments were also available each day for those with urgent clinical need.

Appointments were as follows:

- Monday 8am to 11.50am and 2.15 to 7.20pm
- Tuesday from 8am to 11.20am and 1pm to 7.20pm

- Wednesday from 8.30am to 11.50am and 1pm to 7.50pm
- Thursday from 8am to 11.50am and 2pm to 7.50pm
- Friday from 8am to 12.30pm and 2pm to 7.20pm
- Saturday and Sunday 8am to 11.20am and 12.15 to 3.35pm. on Monday and Thursday; from 8am to 11.20am on Tuesday,

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and the national average of 76%.
- 82% 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 leaflet, on the website and in the practice building.

The practice had received six complaints in the last 12 months. We looked at these and found they had been satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, a patient had been unaware of the self-check in facility at the practice and their appointment time had been delayed. As a result additional signage was placed in patient waiting areas, and receptionists were reminded to direct patients to self-check in facilities when appropriate.

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.

- Staff demonstrated they understood the ethos and values of the practice, and their responsibilities in relation to these.
- 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 developed and adapted a number of policies, procedures and protocols which supported the delivery of the strategy and good quality care. These 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 comprehensive arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management 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 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 complaints received.

There was a clear leadership structure in place and staff told us they 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. All staff were able to make suggestions about running and developing new ideas in the practice. Staff told us they would feel able to identify opportunities within their own roles, 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 gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, and submitted proposals for improvements to the practice management team. For example, a notice board detailing staff photos and names had been added in the waiting area. Additionally, the telephone line had been changed to a local dialling code at the suggestion of the PPG. Signage outside the practice had been improved, and staff name badges had been adopted following PPG feedback.
- The practice had gathered feedback from staff through staff meetings and informally on an 'ad hoc' basis. Staff told us they would not hesitate to give feedback and

Are services well-led?

Good 

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

discuss any issues or concerns with colleagues and practice management. Staff told us they felt proud of how hard they worked to provide the best possible service to patients.

- Administrative staff were employed on one year 'rolling' contracts. The GPs told us this was due to financial pressures. Some staff told us this did create some feelings of insecurity in their role.

Continuous improvement

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. The practice had taken part in the 'Productive General Practice' programme which identified ways of improving practice systems and processes to make the best of available resources. They were part of a number of local pilots and initiatives such as the 'Aspire' project to improve identification and treatment of type two diabetic patients; the 'CROP' campaign to reduce opioid prescribing levels and the blood borne virus screening programme.

We heard examples of how staff had been supported to develop in their role, and expand into new roles with support from the practice.