

Abbey Medical Centre

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 Abbey Medical Centre on 17 May 2017. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

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

- The ethos and culture of the practice was to provide good quality service and care to patients.
- Patients told us they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- The practice was able to meet the needs of patients. Information regarding the services provided by the practice and how to make a complaint was readily available for patients.
- Patients reported they were positive about access to the service. They said they found it generally easy to make an appointment, there was continuity of care and urgent appointments were available on the same day as requested.
- The practice of, and complied with, the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)
- The practice a culture of openness and honesty which was reflected in their approach to safety.
- Risks to patients were assessed and well managed.
- There were comprehensive safeguarding systems in place; particularly around vulnerable children and adults.
- The practice sought patient views how improvements could be made to the service, through the use of patient surveys and the NHS Friends and Family Test.
- There was a clear leadership structure.

Summary of findings

- The practice was forward thinking, aware of future challenges and were open to innovative practice.
- The practice nurses had devised a coded system for patients to book appointments for annual reviews when they had multiple conditions. When the

patient gave their individual code to the receptionist they were able to book review appointments of the correct length and with the most appropriate clinician.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- Risks to patients were assessed and well managed
- There were systems in place for reporting and recording significant events. There was a nominated lead who dealt with them overall. Lessons were shared to ensure action was taken to improve safety in the practice.
- There was a nominated lead for safeguarding children and adults. Comprehensive systems were in place to keep patients and staff safeguarded from abuse. We saw laminated posters displaying safeguarding information and contact details, in all the consulting and treatment rooms.
- There were processes in place for the safe management of medicine. The practice received support from the Leeds West Clinical Commissioning Group (CCG) pharmacy team.
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose.
- There was a nominated lead for infection prevention and control.
- The clinicians and practice managers had weekly meetings where they discussed any management issues, significant events, complaints and any other business relating to the practice in a timely manner. Any learning was then shared with the practice team.
- All policies were available on the computer system and all staff could access them.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the need of patients and delivered care in line with current evidence based guidance.
- Staff worked with other health and social care professionals, to meet the range and complexity of people's needs
- End of life care was delivered in a coordinated way.
- Clinical audits were undertaken and could demonstrate quality improvement.

Good



Summary of findings

- Published data from the Quality and Outcomes Framework (QOF) relating to the period before the current provider took control of the practice showed that patient outcomes had been local and national figures
- There was evidence of appraisals and personal development plans for all staff.
- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care.

Are services caring?

The practice is rated as good for providing caring services.

- The practice had a strong patient-centred culture and we observed that staff treated patients with kindness, dignity, respect and compassion.
- Data from the National GP patient survey showed that patients rated the practice comparable or slightly better than other local practices. This survey data was collected before the current provider started to deliver services. Patient comments we received were mostly positive about the care and service the practice provided. They told us they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- When a GP was notified of a patient's death this was followed up with a telephone call or home visit to the next of kin by the clinician best known to the patient.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked with Leeds West Clinical Commissioning Group (CCG) and other local practices to review the needs of their population.
- National GP patient survey responses (collected before the current provider started to deliver services) and the majority of comments made by patients and showed they found it easy to make an appointment.
- The practice offered pre-bookable, same day and online appointments. They also provided telephone consultations and text messaging reminders.
- Home visits and longer appointments were available for patients who were deemed to need them, for example housebound patients or those with complex conditions.

Good



Summary of findings

- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions, including those people living with dementia.
- The practice participated in the Pharmacy First service for patients to refer themselves directly to a pharmacist in line with Leeds West CCG services. This is where patients in receipt of charge free prescriptions could access pharmacy medication for minor ailments without charge.

Are services well-led?

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

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were safe and effective governance arrangements in place. These included the identification of risk and policies and systems to minimise risk.
- The provider had a good understanding of, and complied with, the requirements of the duty of candour. There were systems in place for reporting notifiable safety incidents and sharing information with staff to ensure appropriate action was taken.
- The practice promoted a culture of openness and honesty.
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients the NHS Friends and Family Test.
- Staff informed us they felt well supported by the GP partners and practice management.
- All staff had access to policies and procedures via the computer system.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice provided proactive, responsive and care to meet the needs of the older people in its population.
- The practice worked closely with other health and social care professionals, such as the district nursing and local neighbourhood teams, to ensure housebound patients received the care and support they needed.
- The practice participated in Leeds West Clinical Commissioning Group (CCG) initiatives to reduce the rate of elderly patients' acute admission to hospital
- Health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.
- Patients were signposted to other local services for access to additional support, particularly for those who were isolated or lonely
- The practice participated in the CCG Care Home Scheme and employed a Care Home Nurse to visit local care homes and liaise between the care home and the GP's.

Good



People with long term conditions

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

- The GPs had lead roles in the management of long term conditions and were supported by the nursing staff. Annual reviews were undertaken to check patients' health care and treatment needs were being met. Holistic reviews were undertaken with patients who had several long term-term conditions, which avoided the need for multiple appointments.
- The practice identified those patients who had complex needs. The practice ensured that those patients with life limiting conditions were on the palliative care register. These patients were discussed at the Gold Standards Framework (GSF) meeting to ensure the correct support and care was delivered.
- The latest published QOF data (2015/16) related to the previous provider, who had achieved 89% of the total number of points available compared to a CCG average of 96% and a national average of 95%
- Patients were encouraged to self-manage their conditions and were given personalised care management plans.

Good



Summary of findings

- The practice nurses had devised a coded system for patients to book appointments for annual reviews of multiple conditions. When the patient gave their individual code to the receptionist they were able to book review appointments of the correct length and with the most appropriate clinician.

Families, children and young people

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

- The practice worked with midwives, health visitors and school nurses to support the needs of this population group
- Contraceptive services were available at both the main surgery and branch surgery.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. The practice had meetings with the health visitors where concerns were discussed regarding all the families known to be at risk.
- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. All children who required an urgent appointment were seen on the same day as requested.
- Immunisation uptake rates were better than the national rates for all standard childhood immunisations.
- Systems were in place to follow up any children who had failed to attend for routine vaccinations.
- Data from the previous provider showed that 80% of eligible patients had received cervical screening (CCG average 79% and national average 81%).
- Appointments were available with both male and female GPs.

Good



Working age people (including those recently retired and students)

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

- The needs of these patients had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered a range of health promotion and screening that reflected the needs for this age group.

Good



Summary of findings

- Health checks were offered to patients aged between 40 and 74 who had not seen a GP in the last three years.
- Students were offered public health recommended vaccinations prior to attending university.
- Travel health advice and vaccinations were available.
- The practice utilised electronic booking of appointments, prescribing and telephone appointments to provide improved access for working people.
- Some extended hours appointments were available.
- Minor surgery and joint injections were available as clinically indicated.

People whose circumstances may make them vulnerable

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

- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice could evidence a number of children who were on a child protection plan (this is a plan which identifies how health and social care professionals will work together to help to keep a child safe).
- Patients who had a learning disability received an annual review of their health needs and a care plan was put in place. Carers of these patients were also encouraged to attend, were offered a health review and signposted to other services as needed.
- Longer appointments were offered to people with a learning disability.
- Travellers who frequently set up camp near the surgery were actively encouraged to access healthcare.
- Both surgery sites had wheelchair access and hearing loops
- The practice encouraged carers to make themselves known to the practice and become registered with Carers Leeds.
- We saw there was information available on how patients could access various local support groups and voluntary organisations.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team.
- Longer appointments were available for patients with a mental health condition.
- Patients and/or their carer were given information on how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs or dementia and offered flexible appointments.
- Deprivations of Liberty Safeguards were written in the patient's clinical notes.
- The practice used the support of voluntary organisations to develop additional services for their patients.
- Patients on the mental health register were called for annual review which included a physical check, and checks to ensure that any secondary care involvement was understood by the patient.

Summary of findings

What people who use the service say

The national GP patient survey published in July 2016 distributed 275 survey forms of which 95 were returned. This was a response rate of 35% which represented 1% of the practice patient list. The responses to this survey were collected before the current provider started to deliver services.

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received

10 comment cards, all except one was wholly positive. There were nine comments all positive, many using the words 'very good' and 'excellent' to describe the service and care they had received and citing staff as being friendly, helpful and caring. An additional one comments was concerning the length of wait to be seen for their appointment which had over run by 25 minutes. Several of the comments praised individual members of staff.

Abbey Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a CQC Lead Inspector, a second CQC inspector and a GP specialist advisor.

Background to Abbey Medical Centre

The Surgery is a member of the Leeds West Clinical Commissioning Group (CCG). Personal Medical Services (PMS) are provided under a contract with Leeds West CCG. They also offer a range of enhanced services, which include:

- Childhood vaccination and immunisations
- The provision of influenza and pneumococcal immunisations
- Facilitating timely diagnosis and support for patient with dementia
- Supporting feedback from patients through a Patient Participation Group (PPG)

The surgery is located at Norman Street Leeds LS5 3JN an area on the outskirts of the city and is within the 30% of most deprived localities in England. The practice also has a branch surgery at 60 Moor Grange view, Leeds LS16 5BJ

The current provider is a result of the merger of two practices, Abbey Medical Centre and Moor Grange medical practice. The new merged practice took the contract to provide primary care services from this location in April 2015.

The practice in Norman Street is situated in a bespoke building with all consulting rooms on the entry level. There is a car park for patients immediately in front of the surgery. The branch surgery is located in a former residential house; all consulting rooms are on the entry level. On street parking is available at the branch surgery. Both surgeries have good wheelchair access and portable hearing loops.

The practice has a patient list size of 8,742.

There are six GP's (two male and four female), who are supported by two practice nurses (both female), one care home nurse (female) and two health care assistants (both female). There is a practice manager and a team of administration and reception staff. The practice also has the support of a CCG employed medicines management pharmacists.

The practice is open Monday, Wednesday, Thursday and Friday between 8.00am and 6.00pm, and Tuesdays 7.00am to 6.00pm. When the practice is closed out-of-hours services, are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions and inspection programme. The inspection was planned to check whether

Detailed findings

the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Leeds West CCG, to share what they knew about the practice. We reviewed the latest 2015/16 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2016). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 17 May 2017. During our visit we:

- Spoke with a range of staff, which included four GPs, the practice manager, three reception staff and two practice nurses. We also received completed questionnaires from 13 non-clinical members of staff.
- Reviewed comment cards where patients and members of the public shared their views. We received 10 cards, nine were wholly positive about the staff and the service they received; only one had negative experiences
- We spoke with three patients and a member of the patient participation group (PPG)

- Observed in the reception area how patients/carers/ family members were treated.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a comprehensive system in place for reporting, recording and investigating significant events.

- The practice promoted a culture of openness, transparency and honesty.
- Staff told us they would inform the practice manager of any incidents and complete the electronic incident recording form. The practice was also aware of their wider duty to report incidents to external bodies such as Leeds West CCG and NHS England. This included the recording and reporting of notifiable incidents under the duty of candour.
- When there were unintended or unexpected safety incidents, we were informed patients received support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence the practice carried out a thorough analysis of significant events. We saw several examples where the practice had changed or developed systems arising from the learning taken from significant events. For example when it was discovered that an out of date laboratory bottle had been used in obtaining a cervical cytology sample the patient was recalled and a second sample taken. The incident was recorded on the significant events system, discussed with the clinical team and the stocks of laboratory sample bottles were checked. All out of date stock were removed and a system of regular checks of all sample equipment was put into place. There had been no further incidents of this nature with the new system in place.
- All safety alerts were cascaded to staff, discussed at practice meetings and actioned as appropriate.

Overview of safety systems and processes

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

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly

outlined whom to contact for further guidance if staff had concerns about a patient's welfare. acted in the capacity of safeguarding lead and had been trained to the

- Staff had received training relevant to their role and could demonstrate their understanding of safeguarding
- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones was trained for the role and had received a Disclosure and Barring Service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw up to date cleaning schedules in place. There was nominated infection prevention and control (IPC) lead and an IPC protocol in place. All staff were up to date with IPC training. We saw evidence that an IPC audit had taken place within the last 12 months and action was taken to address any improvements required as a result.
- Processes for handling repeat prescriptions had been updated. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs), in line with legislation, had been adopted by the practice to allow nurses to administer medicines. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- All policies and procedures were available to all staff on the computer system.

Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment, in line with the practice recruitment policy, for example proof of identification, references and DBS checks.

Monitoring risks to patients

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

- Risk assessments to monitor the safety of the premises, such as the control of substances hazardous to health and legionella (legionella is a bacterium which can contaminate water systems in buildings). There was also a health and safety policy which was accessible to staff.
- An up to date fire risk assessment.
- All electrical and clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system to ensure there was enough staff on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency
- All staff were up to date with fire and basic life support training.
- There was a fire evacuation plan in place which identified how staff could support patients with mobility problems to vacate the building.
- There was emergency equipment available, which included a defibrillator and oxygen,
- Emergency medicines were stored in a secure area which was easily accessible for staff.
- The practice had an effective accident/incident recording and reporting system in place.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was available on the practice intranet and in hard copy. The plan also included cross working arrangements between the two practice sites and with other practices in the locality.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Updates were also discussed at GP and nursing team meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- GPs attended CCG meetings with other practices in the locality.

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). We saw minutes from meetings which could evidence QOF was discussed within the practice and any areas for action were identified.

The latest published QOF data (2015/16) related to the previous provider, who achieved 89% of the total number of points available compared to the CCG average of 96% and national average of 95%. The overall QOF exception rate was 6.2% for the practice (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). We saw evidence that QOF data for 2016/17 (which was unverified and unpublished) was expected to be 90% achieved overall, with an overall exception rate of 11% (6% for clinical domains).

The practice used clinical audit, peer review, local and national benchmarking to improve quality. We reviewed four audits which had been completed in the preceding 12 months, these identified compliance against recognised

guidelines and performance identified areas for improvement. Through this process the practice was able to demonstrate where improvements had been made. For example:

- An audit on the prescribing of antibiotics identified that prescribing guidelines were not always followed. Clinicians were reminded of the guidance according to the Leeds pathways. The information was cascaded at clinical meetings. Improvements in adherence to clinical guidance could be seen over a three month period.

Effective staffing

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

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had received an appraisal within the last 12 months.
- Staff had received mandatory training that included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics. Staff had access to and made use of e-learning training modules and in-house training. They were also supported to attend role specific training and updates.
- 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 online resources and discussions with other clinicians
- All GPs were up to date with their revalidation and appraisals.

Coordinating patient care and information sharing

The practice had timely access to information needed, such as medical records, investigation and test results, to plan and deliver care and treatment for patients.

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment.

Are services effective?

(for example, treatment is effective)

Information was shared between services, using a shared care record. We saw evidence that multidisciplinary team meetings, to discuss patients and clinical issues, took place on a monthly basis.

Care plans were in place for those patients who had complex needs and in the top 2% of patients likely to be admitted to hospital or who had palliative (end of life) care needs. These were reviewed and updated as needed, but there were no plans as to how the patient held records were also updated following the review. The system for recalls had been reviewed and improved by sending reminder texts to patients with appointments.

Consent to care and treatment

The practice had a policy regarding consent and staff we spoke with were aware of it and had a good understanding of the principles of consent.

There was a policy in place regarding the use of Gillick competency and Fraser guidelines (these are used in medical law to decide whether a child aged 16 years or younger is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.) Staff could demonstrate their understanding and appropriate use of these.

Supporting patients to live healthier lives

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

- who were in the last 12 months of their lives
- required healthy lifestyle advice, such as weight management, smoking cessation and alcohol consumption.
- who acted in the capacity of a carer and may have required additional support

We were informed (and saw evidence in some instances) that Abbey Medical Centre:

- Participated in Leeds West Clinical Commissioning Group (CCG) initiatives to reduce the rate of acute admission to hospital, and attendance at accident and emergency department.
- Had good working relationships with local the neighbourhood team and an improving relationship with health trainers, to support patients with any additional health or social needs.
- Encouraged patients to attend national screening programmes for cervical, bowel and breast cancer. The uptake for breast cancer screening in females 50 to 70 years in the last 12 months was 72% while the CCG average was 70% and national average 73%. The uptake for bowel cancer screening in people 60 to 69 years in the last 30 months was 58% while the CCG average was 60% and national average was 58%.
- Patients were contacted and reminders were sent out to those eligible for cervical screening. The uptake rate for cervical screening in the preceding five years under the previous provider was 80%, compared to the CCG average of 79% and England averages of 81%.
- Had 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. In addition there was a computer recall system in place to remind patients when their cervical smear test was due.
- Carried out immunisations in line with the childhood vaccination programme. Uptake rates from April 2016 were better than the national averages. For example, immunisation rates for children aged up to 24 months were 92% to 94% (above the national target of 90%) and for five year olds they were all 91% to 94% (CCG average 92% to 97%).
- Offered health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken. In addition, health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that:

- Members of staff were courteous and helpful to patients and treated them with dignity and respect.
- Should patients in the reception area wish to discuss sensitive issues or appeared distressed the staff were able to take the patients to a separate room.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations and that we could not hear any conversations that may have been taking place.
- Chaperones were available for those patients who requested one and it was recorded in the patient's record and checked by the chaperone.

All of the 10 patient Care Quality Commission comment cards we received were positive, with the exception of one which found 25 minutes wait after their appointed time. Many cited individual staff as being very supportive and kind.

Data from the national GP patient survey showed respondents rated the practice similar or slightly better than other practices for many questions regarding how they were treated compared to other local and national practices. The responses to this survey were collected before the current provider started to deliver services. For example:

- 94% of respondents said the last GP they saw or spoke to was good at listening to them (CCG average 91%, national average 89%)
- 91% of respondents said the last GP they saw or spoke to was good at giving them enough time (CCG average 87%, national 87%)
- 87% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG average 88% and national 85%)
- 90% of respondents said the last nurse they saw or spoke to was good at listening to them (CCG average 92%, national 91%)
- 94% of respondents said the last nurse they saw or spoke to was good at giving them enough time (CCG average 93% and national average 92%)

- 95% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG average 92% and national average 91%)

Care planning and involvement in decisions about care and treatment

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

- The NHS e-Referral service (previously known as choose and book) was used with patients as appropriate.
- Longer appointments and additional support were available for those patients who may have had difficulty with understanding their options.
- Interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in an easy to read format.

Patient comments we received on the CQC comment cards and in person were all positive regarding their involvement in decision making and choices regarding their care and treatment.

The practice had an active Patient Participation Group (PPG) who were fully engaged and made significant contributions such as devising and circulating a patient satisfaction survey. The survey in 2016 was answered by 274 patients and demonstrated similar results to the National GP Survey for example 93% of patients reported to being listened to by clinical staff, 95% had confidence that the treatment they received from the clinical staff and 97% believed that they had been treated with dignity and respect. Overall 95% of patients were happy with the clinical care that they had received.

Data from the national GP patient survey showed respondents rated the practices similar to other local and national practices. The responses to this survey were collected before the current provider started to deliver services. For example:

- 90% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 84% national average 82%)
- 87% of respondents said the last GP they saw was good at explaining tests and treatments (CCG average 88%, national 86%)

Are services caring?

- 89% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 86% and national average 85%)
- 89% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 91% and national average 90%)

Patient and carer support to cope emotionally with care and treatment

The practice worked jointly with palliative care and district nursing teams to ensure patients who required palliative care, and their families, were supported as needed. We were informed that if a patient had experienced a recent bereavement, this was followed up with a telephone call or home visit to the next of kin by the duty doctor.

There were 106 patients registered with the practice as carers which represented just over 1% of the practice population. These patients were offered personal health checks and signposted to a local carers organisation

The practice used a range of methods to improve health outcomes including social prescribing such as accessing community based activities.

We saw there were notices and leaflets in the patient waiting area, informing patients how to access a number of support groups and organisations

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with NHS England and Leeds West CCG to review the needs of its local population and to secure improvements to services where these were identified. These included:

- Home visits for patients who could not physically access the practice and were in need of medical attention
- Urgent access appointments for children and patients who were in need.
- Online booking of appointments and requests for repeat prescriptions.
- Telephone consultations
- Longer appointments as needed
- Travel vaccinations which were available on the NHS
- Interpretation services

Access to the service

The practice is open on Mondays, Wednesday, Thursday and Friday 8.00am to 6.00pm, and on Tuesdays 7am to 6pm.. A range of appointments were available throughout the practice opening hours. When the practice was closed between 6.00pm and 6.30pm and out-of-hours, care was provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

Data from the national GP patient survey showed respondents rated the practice similar to other practices, although this related to the previous provider. The responses to this survey were collected before the current provider started to deliver services. For example:

- 88% of respondents were fairly or very satisfied with the practice opening hours (CCG average 83% and national average 76%)
- 84% of respondents said they could get through easily to the surgery by phone (CCG average 77% and national average 73%)

- 92% of respondents said the last appointment they got was convenient (CCG average 94% and national average 92%)

Urgent and same day appointments for people with an immediate need were available and routine appointments were available a minimum of up to four weeks in advance.

Listening and learning from concerns and complaints

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

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

There had been 9 complaints received in the last 12 months, including verbal, emails and paper correspondence. The complaints were mainly concerning access and appointments. We found they had been satisfactorily handled. Lessons had been learned and action taken to improve the quality of care. For example, a patient complained when they had requested a prescription from the branch site but the GP ordered and signed the prescription at the main surgery. As a result the prescription was sent to the wrong chemist for dispensing for the patient. It was noted that the GPs work at both the main and branch site and the error could occur in the future. The patient received an apology and the GPs were informed that they should sign prescriptions at the patients nominated site to avoid further errors. No further complaints have been received regarding this issue since

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- There was a statement of purpose submitted to the Care Quality Commission which identified the practice values. For example, to provide high quality services to patients and be committed to improvements.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- All staff knew and understood the vision and values of the practice.

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

Governance arrangements

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

- A good understanding of staff roles and responsibilities. The GPs and nurses had lead key areas, such as mental health, safeguarding, long term conditions management and infection prevention and control.
- Practice specific policies were implemented, updated, regularly reviewed and available to all staff.
- A comprehensive understanding of practice performance. Practice meetings were held two weekly with the doctors, where practice performance, significant events and complaints were discussed.
- A programme of continuous clinical and internal audit which was used to monitor quality and drive improvements.
- Effective arrangements for identifying, recording and managing risks.
- Business continuity and comprehensive succession planning in place. For example, the practice had clear plans in place in the event of catastrophic loss of services demonstrating plans for cross working with the branch surgery and other practices in the local area.

Leadership and culture

The practice 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). GPs and managers encouraged a culture of openness and honesty and had a comprehensive 'being open' culture in place. We were informed that when there were unexpected or unintended incidents regarding care and treatment, the patients affected were given reasonable support, truthful information and a verbal and written apology.

On the day of the inspection the GPs and the practice manager could demonstrate they had the experience, capacity and capability to run the practice.

- There was a clear leadership structure.
- We were informed that the GPs and practice manager were visible and approachable.
- Staff informed us they felt respected, valued and supported.
- We saw evidence of regular meetings being held within the practice, such as nursing and administration
- The practice held a range of multidisciplinary meetings with other health and social care professionals to discuss patient care and complex cases, such as palliative care and safeguarding concerns.
- The GPs promoted the learning and development of staff and also provided mentorship for other clinicians, such as advanced nurse practitioners.
- The locality operated a 'hub' which provided extended hours services in the locality.

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

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

- The PPG, NHS Friend and Family Test, complaints and compliments received.

Staff through meetings, discussions and the appraisal process. Staff told us they would not hesitate to raise any concerns and felt involved and engaged within the practice to improve service delivery and outcomes for patients. For example, the practice sent text messages to remind patients of appointments following a consultation with the PPG.

Are services well-led?

Good 

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

As a result of the PPG and GP National Survey results the practice have developed an action plan to address the issues raised. As a result the practice has a system to improve the informing of patients if they are expecting a delay in being seen. They have increased the number of online booking appointments. They improved notices to inform patients that a private room is available near reception should anyone wish to speak to staff in private, and some staff have had further training in customer relations to improve communication.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local and national schemes to improve outcomes for patients in the area. For example:

- The practice worked with other practices in the local area to improve the health of the local population. This included identifying the needs of the local population and participating in an extended hours service for the locality practice patients from a 'hub' setting.