

# Hillfoot Surgery

## Quality Report

126 Owlcotes Road,  
Pudsey, Leeds LS28 7QR  
Tel: 0113 2574168  
Website: [www.hillfootsurgery.co.uk](http://www.hillfootsurgery.co.uk)

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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 Hillfoot Surgery on 27 September 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.
- 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.
- Information about services and how to comment on care was available in the patient information leaflet. We saw that information on how to complain was not clearly displayed in the patient areas. We saw evidence that improvements were made to the quality of care as a result of complaints and concerns.
- The appointment system had recently been changed to accommodate patients' needs. People told us access to appointments was improving, though not necessarily with the GP of their choice. Telephone triage was offered, and urgent appointments were available the same day.
- The practice was open between 7.30am and 7.30pm Monday to Friday. The premises were well equipped and appropriate for treating patients and meeting 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.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The provider should:

- Take steps to improve the provision of information on how to complain in the patient areas in the practice and on the practice website.

**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.

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

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 mostly in line with local and national averages.
- 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.
- All staff had received an appraisal in the preceding 12 months. These included personal development plans.
- Staff worked with other health care professionals to assess need, plan care and deliver treatment plans to improve outcomes for patients with more complex needs.

Good



### 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 in line with others for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



# Summary of findings

- Information for patients about the services available was easy to understand and accessible. We saw that the waiting area contained a clearly labelled range of patient information leaflets relevant to all age groups.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 70 patients (1% of the practice population) as unpaid carers.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds West Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they were contributing to a local project which sought to improve treatment options for patients with chronic obstructive pulmonary disease (COPD) by adopting a 'whole person' approach to the condition. COPD is the name for a group of lung conditions which cause breathing difficulties. These conditions mainly affect older adults who smoke.
- Patients said they usually found it easy to make an appointment with GP or nurse, although not necessarily with their GP of choice. The practice allocated an on call GP each day who carried out telephone triage assessments to patients, and offered same day appointments when necessary.
- The practice was well equipped and appropriate for treating patients and meeting their needs.
- Information about how to comment or complain was available in the practice leaflet. We did not see clear information advising patients on how to make a complaint in the waiting area of the practice or on the website. The practice told us they would review this. We saw evidence which showed the practice responded quickly to issues when raised. Learning from complaints was a standing agenda item on staff meetings to share learning with staff.

## Are services well-led?

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

Good



- The practice had an ethos and vision to provide an approachable and accessible service to support and meet the needs of patients. Staff were clear about the vision and their responsibilities in relation to it.

# Summary of findings

- There was a clear leadership structure and staff felt supported by GP partners and management. A member of the clinical team was due to retire within the next 12 months. The partners were considering succession planning arrangements. The practice had a number of policies and procedures to govern activity. Regular clinical and staff meetings were held.
- 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 and management team 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.
- We saw evidence that training, continuous learning and development was encouraged at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had identified their 2% of elderly and frail patients as well as other patients who were at risk of unplanned hospital admission. They had appointed a clinical care co-ordinator who monitored hospital admission and discharge and attendance at out of hours services. Telephone contact was made following discharge from hospital where their needs were assessed and care plans updated to address any new needs.
- Before the inspection we sought feedback from a residential home for older people who had eight residents registered at the practice. Staff there told us they were happy with the service provided by the GPs and other staff at the practice.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 77% of patients with diabetes, on the register had a recorded blood pressure completed in the preceding 12 months, compared to the CCG and national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review carried out in the month of their birthday 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.
- The practice participated in the 'Year of Care' model which encouraged patients to set their own lifestyle and health objectives when managing their asthma, diabetes or chronic obstructive pulmonary disease (COPD).

# Summary of findings

- Health care assistants had been trained to carry out foot health checks for patients with diabetes to reduce the need to attend other appointments such as podiatry appointments on a routine basis.

## 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. The practice staff liaised with the health visiting team to monitor attendance at A&E by babies and young children. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and described examples to demonstrate this.
- 76% of eligible women had received a cervical screening test in the preceding five years compared to the CCG average of 79% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Staff gave examples of when joint working with health visitors had been effective in sharing information and planning care for children with more complex needs.

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, and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open between 7.30am and 7.30 pm Monday to Friday to provide opportunities for working age patients to access appointments at a time convenient to them.
- The practice provided evidence which showed that 2,183 people (31% of the practice population) had registered for access to online services. This service had been promoted by reception staff, who were offered incentives, by way of additional annual leave allowance when targets had been reached.

Good



# Summary of findings

- We saw the practice provided a full range of health promotion material relevant to this age group.
- The practice participated in the 'Pharmacy First' scheme which enabled pharmacists to prescribe and dispense a number of medicines to treat minor illnesses.
- The practice made use of text reminders advising patients of their appointment date and time. They told us they had reduced the number of patients failing to attend their appointments by 20% since its introduction in July 2015.
- The practice provided evidence that 95% of eligible patients had received an NHS health check in the preceding year, which exceeded their target of 75%.

## 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 a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients how to access various support groups and voluntary organisations, such as 'Forward Leeds', a local alcohol and drug support service.
- The practice hosted weekly cognitive behavioural therapy (CBT) sessions weekly to help patients living with chronic pain.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities and described good examples where appropriate action had been taken in response to safeguarding concerns. They showed they were aware of information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified 70 patients (1% of their practice population) as unpaid carers. This group of patients was offered additional support, such as an annual health check, seasonal flu vaccination and signposting to local support services, such as 'Carers Leeds'.

Good



## People experiencing poor mental health (including people with dementia)

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

Good



# Summary of findings

- 73% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the local and national averages of 89% and 90% respectively. The practice was addressing this shortfall by the appointment of a lead GP for mental health, and by offering telephone reminders for care planning appointments
- 93% of patients with schizophrenia or other psychoses had their alcohol consumption recorded in the preceding 12 months which was higher than the local and national averages of 89% and 90% respectively.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice gave patients experiencing poor mental health information about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients experiencing emotional difficulties were able to access support from the local 'Patient Empowerment Project' (PEP).

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing at or above local and national averages. There were 251 survey forms distributed and 113 were returned. This represented 45% of the practice's patient list, and 2% of the patient list as a whole.

- 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%.
- 89% 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 87% and the national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 86% 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 83% 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 33 comment cards which were all positive about the standard of care received. Staff were described as courteous and helpful. Some comments cited difficulties accessing the practice by telephone but this had not detracted from their overall positive experience of the practice.

We spoke with nine patients during the inspection, including three members of the PPG. All these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The most recent Friends and Family Test (FFT) in August 2016 showed that out of 36 responses, 97% were likely or extremely likely to recommend the practice to friends and family.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Take steps to improve the provision of information on how to complain in the patient areas in the practice and on the practice website.

# Hillfoot Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team comprised a CQC lead inspector, a GP specialist adviser and an expert by experience. Experts by experience are independent individuals who have experience of using GP services.

## Background to Hillfoot Surgery

Hillfoot Surgery is situated at Owlcotes Road, Pudsey, Leeds LS28 7QR. It is located approximately eight miles to the west of Leeds City Centre, and four miles to the east of Bradford City Centre. The practice is housed in a two storey building and has been occupied by the practice since 1991. All patient consulting rooms are on the ground floor and are accessible by those people using a wheelchair. The practice has car parking facilities on site as well as on street parking. The national general practice profile shows that 22% of the patient group are of Asian origin, with 2% mixed ethnicity, 1% black and 2% other non-white ethnicity. There are currently 7,008 patients on the practice list. 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 opening, online patient access services and childhood vaccinations and immunisation.

The practice is training and teaching practice, which means it, supports the specialist training of qualified doctors wishing to practice as GPs as well as medical students wishing to gain experience of working in general practice. There are currently four GP partners, two male and two female and two salaried GPs, both female. At the time of

our inspection a male registrar (trainee GP) was also working at the practice. The clinical team is completed by two female practice nurses and two female health care assistants (HCAs). Supporting the clinical team is a practice business manager, deputy practice manager, office manager as well as a range of administrative, reception and secretarial staff.

The practice is located in one of the less deprived areas in England. The practice profile shows the age range/sex of patients is similar to the national average. Average life expectancy for patients registered at the practice is 84 years for women and 78 years for men. CCG average is 82 years and 78 years respectively, and national average is 83 years and 79 years respectively.

The practice is open between 7.30am and 7.30pm Monday to Friday.

Weekly clinics are held which include asthma, diabetes and smoking cessation.

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

Hillfoot Surgery has not been inspected previously by the Care Quality Commission.

## 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

# Detailed findings

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 a range of information we hold about the practice and asked other organisations and key stakeholder such as NHS England and Leeds West CCG to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice provided both before and during the inspection. We also reviewed the latest Quality and Outcomes Framework (QOF) data, national GP patient survey and NHS Friends and Family Test (FFT). In addition we contacted a residential home for older people who had residents registered at the practice. We carried out an announced visit on 27 September 2016.

During our visit we:

- Spoke with a range of staff including four GP partners, the GP registrar, the practice business manager, deputy practice manager, office manager, a practice nurse and health care assistant.
- In addition we spoke with nine patients, including three 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 comment cards where patients and members of the public shared their views and experiences of the service.

- We reviewed an anonymised sample of the personal care or treatment records of patients.
- In addition we reviewed 12 question sheets completed by administrative and reception staff which had been sent out prior to the inspection.

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

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 of any incidents and there was a recording form available on the practice's computer system. 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 seen face to face, informed of the incident, received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident when the vaccine fridge was found to be higher than the recommended storage temperature after the weekend, the appropriate steps were taken to quarantine the vaccines, seek advice from the relevant agencies and destroy the affected vaccines. As a result of this incident the practice purchased a new vaccine fridge.

### 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 in relation to children at risk of harm, and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. Nurses were trained to level two and administrative and other staff to level one.

- A notice in clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. 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 prescribing. Blank prescription forms and pads 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 (PSD) or direction from a prescriber. PSDs are written instructions, signed by a doctor; dentist

## Are services safe?

or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available on the practice computer system. 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 (COSHH) and infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff provided cover within their own discipline when possible, and staff worked additional hours to help cover for unexpected absence. Locum GPs were occasionally used to help cover GP

absence. We saw that locums had access to a comprehensive induction pack, and that they received all necessary pre-employment checks by the agency providing the locum GP.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. We saw that the emergency medicines were labelled in separate 'themed' packs to be used to address specific medical emergencies, for example heart attack.
- The practice had a defibrillator available on the premises. We saw that the defibrillator did not contain pads for use when resuscitating children. The practice ordered these whilst we were present in the practice. Oxygen was available, with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan (BCP) on the practice computer system, in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of the BCP were stored on the computer system. GP partners and management kept paper copies of the BCP at their home address.

# 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 discussion at clinical meetings and clinical supervision sessions.

### 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 94% of the total number of points available (compared with 95% average locally), with 5% exception reporting rate. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or where certain medicines cannot be prescribed due to side effects. The local and national exception reporting average was 9%.

Data from 2014/15 showed:

- Performance for diabetes related indicators was in line with CCG and national averages. For example 90% of patients with diabetes had a recorded foot examination completed in the preceding 12 months compared to the CCG and national average of 88%.
- Performance for mental health related indicators was lower in some cases than the local and national averages. For example 64% of patients with schizophrenia or other psychoses had completed a comprehensive care plan in the preceding 12 months, compared to the CCG average of 88% and the national average of 89%.

During the inspection we explored these lower than average results for the mental health indicators. The

practice had recognised and acknowledged this. They had recently appointed one of the GPs as mental health lead, and were trialling new processes to increase uptake of care planning appointments; for example making telephone calls to remind patients of the appointment, and encourage their attendance.

The practice had engaged the services of an external agency to support the practice in correctly collecting their QOF data. They provided evidence that their 2015/16 QOF achievement was 94%, although these figures were not yet verified and published.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years; two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included standardising the approach when dealing with children with fever, so that body temperature, pulse and respiratory rate was recorded in each case and that standardised coding on the patient record was applied.

Information was used to make improvements in patient care. For example the GPs reviewed their antibiotic prescribing patterns, and achieved a more consistent approach to prescribing these medicines, reducing the incidence of inappropriate prescribing.

### Effective staffing

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

- The practice had an informal induction programme for all newly appointed staff. The practice told us that their most recent recruitment policy included a more formalised induction programme, which would be used for new starters in future. On appointment to the practice, staff attended training and had access to policies in relation to safeguarding, infection prevention and control, fire safety, health and safety, information governance and confidentiality.

# Are services effective?

## (for example, treatment is effective)

- 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. The practice had recently acquired access to online training. Staff were supported by access to informal clinical supervision, attendance at staff meetings and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to in-house training as well as training provided locally during protected learning time and the recently acquired on line training facility.

### 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 professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with the community matron and

palliative care nurse on a monthly basis, and with health visitors on a bi-monthly basis. Following these meetings patient care plans were reviewed and updated to reflect decisions and plans made for patient care.

### 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 determine 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. We saw that patient care templates required clinicians to indicate that patient consent had been obtained for procedures such as vaccination and immunisation, cervical screening or intra-uterine device (IUD) fitting.

### 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.
- The practice participated in the national diabetes prevention programme. They recalled those patients identified as pre-diabetic or who had gestational diabetes (diabetes occurring during pregnancy) for annual checks to review their health.
- The practice hosted weekly cognitive behavioural therapy (CBT) sessions weekly to help patients living with chronic pain.
- Weight management services were available locally provided by community health services.
- 31% of patients had registered for online access.

## Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 76%, which was lower than the CCG average of 79% and the national average of 82%. There was a policy to offer telephone 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 CCG/national averages. For example, childhood immunisation rates for the vaccinations given to

under two year olds ranged from 97% to 99% and five year olds stood at 100%. CCG and national averages for two year olds are 94% and 88% respectively, and for five year olds are 96% and 89% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice provided evidence which showed that 95% of eligible people had received the NHS health check in the previous year which exceeded their target of 75%. They showed us that as a result of the checks, six patients had been found to be at risk of cerebrovascular disease, and were therefore monitored appropriately; and 15 had been provided with dementia awareness information. Cerebrovascular diseases are conditions caused by problems that affect the blood supply to the brain, causing, for example, stroke.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 33 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. Some cards described difficulty with accessing the practice by telephone to make appointments; others described long waits to be seen upon arrival for their appointment.

We spoke with three 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 mostly in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 78% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

In addition to the national patient survey the practice conducted their own annual patient survey in collaboration with the PPG. They showed us the results from the latest survey conducted in September 2016, which showed that patient satisfaction in relation to practice opening hours and telephone access had improved, although it had reduced in relation to being able to see the practitioner of their choice.

### 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 lower than local and national averages. For example:

- 80% 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%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.

## Are services caring?

- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice showed us the results of their most recent patient survey in September 2016 which showed that patient rating for explaining tests and treatments had increased, as had the ability of the doctor or nurse to listen to their concerns. They were continuing to work with the PPG to help them understand where shortfalls in patient experience were occurring, and seeking to improve this.

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

- Staff told us that telephone interpreter services were available for patients who did not have English as a first language.
- The practice had signed up to the 'Accessible Standards Framework'. Patients with visual impairment had an alert on their record indicating that patient information needed to be printed in large format.

- The practice did not make use of a hearing loop. However they told us that where patients had been identified with hearing difficulty practice staff made any necessary adjustments to accommodate their needs.

### **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 70 patients as unpaid carers (1% of the practice list). Carers were offered an annual seasonal flu vaccination, an annual health check and were signposted to local support organisations such as 'Carers Leeds'.

Staff told us that if families had experienced bereavement, the practice made contact if appropriate and an appointment was offered. The practice also liaised with other support services such as the palliative care and district nurses to co-ordinate support for bereaved families.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds West Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example they were working with four local practices to identify and prioritise key public health areas. The areas identified were:

- Holistic care of patients with COPD
- Identifying clinically obese patients and helping with weight loss
- Supporting carers in the community.
- The practice was open between 7.30am and 7.30pm each day. Appointments at the beginning and end of each day were available to be pre-booked to accommodate the needs of working people.
- An on call GP was available each day to triage telephone requests for urgent same day appointments. Appointments could then be offered when required.
- Longer appointments were available for those patients with more complex needs.
- Home visits were offered for housebound or very sick patients.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice was accessible to wheelchair users. All patient consulting rooms were on the ground floor of the practice.
- Telephone interpreter services were available for those patients whose first language was not English.
- The practice identified and recorded the the communication needs of patients with a disability, impairment or sensory loss in line with the Accessible Information Standard. Alerts were placed on patient records where they had additional needs, for example visual or hearing impairment to alert staff.

### Access to the service

The practice was open between 7.30am and 7.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked in advance, same day appointments were also available on the day for those with urgent medical need.

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.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 75%.
- 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, although some described difficulties with telephone access to the practice.

### 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 limited information was available to help patients understand the complaints system. Although information how to make a complaint was featured in the practice leaflet, we did not see information displayed to this effect in patient areas or on the website. The practice told us they would review this.
- Receptionists were encouraged to complete anticipatory 'pre-emptive' forms if they felt that there were occasions where patients were not happy with processes or experiences. This did not replace, but supplemented, the incident reporting and complaints system.

The practice had received 14 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 and action was taken to as a result to improve the quality of care. For example, a patient had requested a telephone consultation. However they did not receive a call back. Following the complaint the situation was investigated. It was discovered that the patient's telephone

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

number had been incorrectly recorded. As a result, practice staff were reminded to check patient telephone numbers verbally with the patient before adding the appointment to the telephone triage list.

# 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 an ethos and vision to provide an approachable and accessible service to support and meet the needs of patients.

- Staff demonstrated they knew and understood the values and ethos of the practice.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had developed several protocols and policies which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

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

### Leadership and culture

On the day of inspection the management team and partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. One of the clinicians was due to retire within the next 12 months. The partners were considering succession planning arrangements. They told us they prioritised safe, high quality and compassionate care. Staff told us the management team and partners were approachable and 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. This included support and training for all staff on

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

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

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

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

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

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

- Since 2011 the practice had commissioned independent patient surveys and carefully considered the results in collaboration with the PPG.
- The PPG met twice yearly. Further meetings were held with wider PPG groups across the locality to share ideas and develop new ideas.
- The practice responded to PPG feedback; for example they had negotiated later opening times with the local pharmacy to coincide with later practice opening times.
- The practice had gathered feedback from staff through appraisals, staff meetings and informal discussion. Staff told us they would feel able to give feedback and discuss any issues or concerns with management.

### Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

# Are services well-led?

Good 

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had obtained funding from the Prime Minister's 'Challenge Fund' which they intended to use to introduce tele-

consultations in the near future. In addition they were working collaboratively with four other local practices to identify and address key public health issues affecting their locality.